

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

RECEIVED APR 2 2 1993 .
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RECORD CENTER Compleance

APR 2 0 1993

REPLY TO THE ATTENTION OF:

HRE-8J

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. Henry Lopes Techalloy Company, Inc. 370 Franklin Turnpike Mahwah, New Jersey 07430

Re:

Private Well Sampling Plan (PWSP)

Techalloy Company, Inc.

ILD 005 178 975

Dear Mr. Lopes:

The United States Environmental Protection Agency (U.S. EPA) has reviewed the "Private Well Sampling Plan (PWSP) - February 1993" which was submitted pursuant to the Administrative Order On Consent (AOC), Docket NO. V-W 007-93. Due to significant deficiencies, the PWSP dated February 1993 is disapproved by U.S. EPA. To obtain U.S. EPA's approval, it is recommended that the revisions as noted in Attachment I be incorporated in a revised plan. Pursuant to Section VI.H of the AOC, Respondent has thirty (30) days from its receipt of this letter to submit the revised PWSP to U.S. EPA.

The most significant deficiency of the PWSP is the omission of the attestation required in Section VI.A.1 of the AOC. This Section specifies that the PWSP include an attestation by the Respondent that the list of properties with water wells is complete and up to date. It is critical that all residential wells in the potential area of contamination be identified. Pursuant to Section VI.A.1 of the AOC, it is Respondent's responsibility to assure all such wells are identified.

To expedite the sampling program, a complete Quality Assurance Project Plan (QAPjP) does not have to be included in the PWSP. Instead, the appropriate quality assurance information pertaining to the PWSP should be included in the QAPjP portion of the RCRA Facility Investigation Work Plan.

If you have any questions please call Mr. William Buller of my staff at (312) 886-4568.

Sincerely yours

Joseph M. Boyle, Chief RCRA Enforcement Branch

cc: Kevin Lesko, IEPA Carlos Sernas, Weston

ATTACHMENT I COMMENTS ON PRIVATE WELL SAMPLING PLAN - FEBRUARY 1993

Section 1-3. Show the locations of the wells listed in tables 1-1 through 1-4 on a scaled map.

For the wells listed in tables 1-1 through 1-4 provide the following additional information: compounds analyzed, analytical test methods used and detection limits, sampling and preservation procedures.

Section 2.1. Provide attestation as required in Section VI.A.1. of the AOC. The attestation shall cover the area of potential contamination and include a map which shows all private wells within the potential area of contamination.

The well sampling area should be delineated with boundaries that completely enclose the area and include all critical wells. The property at Non-responsive should be included.

Section 2.3. Hydrochloric acid is proposed for volatile organic compounds (VOCs) sample preservation. This method of preservation is not recommended in "RCRA Groundwater Monitoring Technical Enforcement Guidance Document U.S. EPA - September 1986". Provide appropriate reference for this method of sample preservation or follow the above U.S. EPA guidance document.

Section 2.5. This paragraph should include the statement that analysis of private well samples will include all VOCs of Table 2-2.

Analytical methods for VOCs shall be those approved by U.S. EPA and which have detection limits equal to or below the Maximum Contaminant Level specified by U.S. EPA, or the concentration level established by the criteria given in Section VI. A.2. of the AOC.

The following inorganic analytes shall be included in the sample analysis: nickel, copper, lead, chromium, cadmium, arsenic, mercury, barium, cyanide, sulfate, and nitrate. Include a table which presents the analytical and preservation methods to be employed for all analytes.

Provide groundwater analytical data (with appropriate quality assurance) or rationale to justify exclusion of the 40 CFR 264 Appendix IX parameters not listed in Table 2-2.

Section 2.6 Identify laboratory(s) to be used for analyses of samples.

Section 3.1 Omit this section: the schedule and dictates stated in Section VI.2.and 3. of the AOC shall be followed.

ATTACHMENT I COMMENTS ON PRIVATE WELL SAMPLING PLAN - FEBRUARY 1993

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41213	A N					7018 4/19/93		



January 15, 1993

Hydrology Division 2204 Griffith Drive Champaign, Illinois 61820-7495 Telephone (217) 333-4300 Telefax (217) 333-6540

Ms. Tracie Harding Roy F. Weston Corporation 3 Hawthorne Parkway - Suite 400 Vernon Hills, Illinois 60061

Dear Ms. Harding:

As you requested during our telephone conversation on January 14, we are enclosing the computer printouts for private well and municipal well information located in Section 4 of Township 43N., Range 6E., and Section 33 of Township 44N., Range 6E., all in McHenry County.

No available information is indicated on the printout by the statement "O records were found for the specified locations." Also enclosed are explanations of the Illinois State Water Survey Private Well Database and the PICS (Public, Industrial, Commercial Survey) Database.

The data included in the computerized database (the Private Well Inventory Database) are those non-municipal wells which are known to the Illinois State Water Survey, and the PICS database is an inventory of municipal well information and large industrial ground-water users. We may not have a paper copy of well records for these ground-water users.

The invoice accompanying this request covers the \$5.00 query fee for private well information and \$5.00 query fee for municipal information plus \$0.10 per page for 7 pages, totalling \$10.70.

If you have any questions or if we can be of further assistance, please call.

Sincerely,

Susie Dodd

Assistant Supportive Scientist Office of Ground-Water Information

Phone: (217) 333-9043

sd/law

Enclosures as stated



A Division of the

PRIVATE WELL DATA BASE

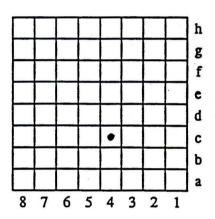
McHenry County, Illinois Section 4, Township 43N, Range 6E Section 33, Township 44N, Range 6

ISWS 10-ACRE PLOT LOCATION SYSTEM

The following is an explanation of the ISWS Private Well Database location system.

The location system uses the Township, Range, and Section. The location consists of five parts: County, Township, Range, Section and coordinate within the section (subsection or 10-acre plot). Sections are divided into rows of 1/2 mile squares. Each 1/2 mile square contains 10 acres and corresponds to a quarter of a quarter of a quarter section. A normal section of 1 square mile contains 8 rows of 1/2 mile squares: an odd-sized section contains more or fewer rows. Rows are numbered from east to west and lettered from south to north as shown in the diagram.

Example: St.Clair County FIP No. 163 T.2N., R.10W Section 23



The location of the well shown above is 163 2N10W-23.4c. The well point is located at the center of this 10-acre plot.

ILLINOIS STATE WATER SURVEY PRIVATE WELL DATABASE EXPLANATION

TWN RNG TOWNSHIP

SC

RANGE SECTION

PL

PLOT LOCATION

OWNER

WELL OWNER

DRILLER

WELL DRILLING CONTRACTOR OF WELL

DATE

DATE INITIALLY DRILLED

PERMIT

PERMIT CODE LETTER INDICATED AGENCY

WHICH ISSUED PERMIT #

 M - MINES AND MINERALS (After 1988 Only Observation Wells And Irrigation Wells)

P - PUBLIC HEALTH (All Non-Community

Supplies)

E - EPA (Community Supplies)

N - NO FEE

X - UNDETERMINED

DEPTH REC DEPTH (Well To Nearest Ft)

RECORD TYPE (Indicated Paper Source That

Documents The Well Exists, Since Records Were Collected Before Well Log Submittal Was Required)

L - LOG

A - AFFIDAVIT

C - CHEMICAL ANALYSIS

I - INVENTORY

 X - INDICATES COMMENT IN OWNERS FIELD SOMETHING UNUSUAL

US

WELL USE - A TWO LETTER CODE INDICATING

THE USAGE OF THE WELL

CM - COMMECIAL

CO - CONSERVATION

DO - DOMESTIC

IN - INDUSTRIAL

IR - IRRIGATION

MO - MONITORING

MU - MUNICIPAL

NC - NON-COMMUNITY

OB - OBSERVATION

PK - PARK

SC - SCHOOL

ST - STATE

TY

WELL TYPE (A Two Letter Code Indicating The Type of Well)

BLANK - ASSUMED DRILLED

BO - BORED AND DUG

DU - DUG (Being Phased Out)

DR - DRIVEN

SP - SAND POINT

SG - SPRING

AQ

AQUIFER TYPE (A Two Letter Code Indicating Aquifer Type)

BR - BEDROCK

UN - UNCONSOLIDATED

THE DATA IN THE PRIVATE WELL INVENTORY DATABASE IS A LISTING OF THE NON-MUNICIPAL WELLS WHICH ARE KNOWN TO THE ILLINOIS STATE WATER SURVEY (ISWS). THIS INFORMATION HAS BEEN ENTERED VERBATIM FROM WELL LOGS SUMITTED BY THE DRILLER, FROM CHEMICAL ANALYSIS REPORTS, FROM WELL SEALING FORMS, OR WELL INVENTORY FORMS FROM THE 1930-34 WELL SURVEY AND OTHER SPECIAL PROJECTS. THE ACCURACY OF THIS DATA IS CONTROLLED BY THOSE WHO SUBMITTED THE FORM. INFORMATION IN THE PRIVATE WELL DATABASE HAS NOT BEEN VERIFIED.

ILLINOIS STATE WATER SURVEY PICS DATABASE EXPLANATION

SWS id

ISWS facility id number

Name

Facility name

Well no

ISWS point source number

Stat

Point source status

A - Abandoned C - Capped

D - Disconnected

E - Emergency

I - In Use

O - Observation

S - Sealed

U - Unused

Locat

County, Township, Range, Section, 10-Acre plot

Dpth

Depth (well to nearest ft)

Foot

Footage from Township section corner

Init date

Date drilled

Driller

Well drilling contractor of well

DESCRIPTION OF WELL STATUS CODE

The well status code on the Public-Industrial-Commercial (PICS) database explains the status of a well as it goes through different stages from when it was drilled to when it is no longer in existence. These classifications originally existed on the public water supply database and were obtained from Bulletin 60. When the public water supply database and the Illinois Wateruse Inventory Program (IWIP) database were incorporated, these status code were continued. A detailed explanation of each letter used in the well status column of the database follows:

A - abandoned: when a well is no longer in existence but we do not have a plugging affidavit or know for sure if it has been filled in

C - capped: when a cap is attached to the top of the well

D - disconnected: when a well is disconnected from the system

E - emergency: when a well is available for standby use

I - in use: produces a major portion of water

O - observation: used for water level measurements only

S - sealed: when a well has been filled in

U - unused: when a well exists but is not being used



Questions : Contact the Illinois State Water Survey's

Ground Water Division @ (217)333-9043

Publication: Please cite the Illinois State Water Survey's Private-Well Database in all publications

based wholly or partially on this information.

Please Note:

The data in the Private Well Inventory Database is a listing of those non-municipal wells which are known to the Illinois State Water Survey (ISWS). This information has been entered verbatim from well logs submitted by the driller, chemical analysis reports, well sealing forms, well inventory forms from the 1930-1934 well survey, and other special projects. The accuracy of this data is controlled by those who submitted the form. Information in the private well database has not been verified.

McHenry County - Frivate Well Database - Page 2

TWN	RNG	SC	PL	DWNER	DRILLER	DATE	PERMIT	DETH	REC	US	17	60
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43N	06E	04	1E	TECHALLOY ILL INC	M NICE	12/19/1985	1121054	200	RG	114	** **	·. ~
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13

Illinois Endut Grand and A., Illyade Well Database

y: McHenry

Township Code: 44N Range Code: 6E Section Codes: 33

4 records were found for the specified locations.

Questions : Contact the Illinois State Water Survey's Ground Water Division @ (217)333-9043

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McHenry County - Private Well Database - Page 2

TWN	RNG	sc 	PL	OWNER		DRILLER	DATE	PERMIT	DPTH	ŖEC	US	TY	AQ
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AAN	06E	33	BH :	D BAUMAN		MINICE	11/20/1985	1121056	40	L	DO	~~	~~





Township Code: 43N Range Code: 6E Section Codes: 4

7 records were found for the specified locations.

Questions : Contact the Illinois State Water Survey's Ground Water Division @ (217)333-7223

Publication: Please cite the Illinois State Water Survey's PICS (Public-Industrial-Commercial) Database in all publications based wholly or partially on this information.

Please Note:

The data in the PICS Database is a listing of municipal and large industrial and commercial wells which are known to the Illinois State Water Survey (ISWS). The information was initially entered from public water supply data and supplemented with the Illinois Water Inventory Project data. This database is updated as additional information is received and verified.

	McHenr	y County -	PICS I	Database -	Page 2			*	
Sws ID	Name	No.	Status	Location	Depth	Type log	drilled	Driller	
11100910	TECHALLOY ILLINOIS INC	2	I	11143N06E041E	205	D	1980	MARVIN R NICE	
11100910	TECHALLDY ILLINOIS INC	3	I	11143N06E041E	200	Q	1985	MARVIN R NICE	
11100910	TECHALLOY COMPANY INC	1	I	11143N06E041E	85	_			
11190900	UNION	4	1	11143N06E045D	760	D	1989	LAYNE-WESTERN CD	
11190900	UNION	1	5	11143N06E045F	16	-	1912		
11190900	UNION	2	E	11143N06E045F	192	8	1934	P E MILLIS	
11190900	UNION	3 .	E.	11143N04F045H	90	n .	1962	T D MILLED ADT WELL	. ***

County: McHenry

Township Code: 44N Range Code: 6E Section Codes: 33

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Questions: Contact the Illinois State Water Survey's Ground Water Division @ (217)333-7223

Publication: Please cite the Illinois State Water Survey's PICS (Public-Industrial-Commercial) Database in all publications based wholly or partially on this information.

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Illinois State Water Survey



Telephone (217) 333-8888
2204 Griffith Drive
Champaign, Illinois 61820-7495

YOU ARE RECEIVING A TELEFAX FROM:

ILLINOIS STATE WATER SURVEY 2204 GRIFFITH DRIVE CHAMPAIGN, IL 61820

VERIFICATION # -- 217/333-8888

WATER SURVEY TELEFAX NUMBER -- 217/333-6540

TO: Jack Gallagher			
LOCATION: Roy F. Weston	-		
FAX #: (708) 918-4055			
FROM: Scott Meyer	20 20 21		
DATE: 5-21-93	ā		
TOTAL NUMBER OF PAGES INCLUDING COVE	er:	5	
COMMENTS: Log of Well 27623 does not a cross-section. Sorry for the error.	igree	with n	

IF YOU DO NOT RECEIVE ALL THE PAGES INDICATED, PLEASE CALL BACK AS SOON AS POSSIBLE.



White & Pink Copies:

III. 8 of Public Health Yellow L.y: Well Contractor

Golden Copy: Well Owner

Well Construction Report



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IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 25-0863. Disclosiure of this information is mandatory. This form has been approved by the Ferms Henagement Center.

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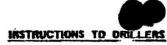
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Continue on separate sheet if necessary.

GEDLOGICAL AND WATER SURVEYS WELL RECORD

TI 489_819

Date 1/16/90



900

27623

Wells Copy — III. Dept. of Public, leafth Yellow Copy — Well Centractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUE. ED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

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REMARKS	St.			

GEOLOGICAL AND WATER SURVEYS WELL RECORD

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10PH 4.865

T. WES ON ;

5-21-93 ; 2:00PM



27627

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

FILL IN ALL PERTINENT INFORMATION RELESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINUIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

WELL CONSTRUCTION REPORT	10. Property owner Landed Puller	Well No.	
1. Type of Well	Address 7814 Deemain Ed 1900	blev. Ill	
a. Dug Bored Hole Diamin. Depth 45_ft_	Address 7814 Seems in Ed 1922 Driller 12 10 Licens 11. Permit No. 1997 Date	- No. 10: 03	77.7
Curb material Buried Slab: YesNo	11 Danie No. 1767 Date	7	W
	11. Permit No	pty McHir	Y
b. Driven Drive Pipe Diamin. Depthit.	a abundrand		
c. Drilled Finished in Drift In Rock	at depth 1/2 to 40 ft. Sec.		
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11a vez 0 41	15. Casing and Liner Pipe		
	Diem. (ia.) Kird and Weight From (Pi.)	To (T)	HOW IN
		45 BECTE	THON IN M PLAT
2. Distance to Negrest:	5 Dlack STeel 0		
	15 lbs per ft	J 500 5	be se
Cess Pool Sewer (son Cost iron)		L	m
Privy Sewer (Cast iron)	16. Size Hole below cosing:in.	т .	1
# # 1 15 m 1			
Septic Tank 75 Sewer (Cast iron)	17. Static levelft. below coming top whi		
Leaching Pit Manure Pile	above ground level. Pumping level 19 ft		The second
Leaching Pit Manure Pile			
Leaching Pit Manure Pile	above ground level. Pumping level 10 ft gpm for hours.	. when pumpling (12-1-1
Leaching Pit Manuse Pile	above ground level. Pumping level 19 ft	THICKNESS D	12-1-1
Leaching Pit Manuse Pile	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH	. when pumpling (12-1-1
Leaching Pit Manure Pile	gpm forhours. 18. FORMATIONS PASSED THROUGH Top Soil	THICKNESS D	1.
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH	THICKNESS D	1 43
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1.
Leaching Pit Manuse Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/72 No Manufacturer 150, ite Type Sub Location in well Capacity 10 gpm. Depth of Setting Ft 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Villiams Model Number 850AC	gpm forhours. 18. FORMATIONS PASSED THROUGH Top Soil	THICKNESS D	1 43
Leaching Pit Manuse Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/72 No Manufacturer 150, ite Type Sub Location in well Capacity 10 gpm. Depth of Setting Ft 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Villiams Model Number 850AC	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit Manure Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/72 No Manufacturer Tto: ite Type Sub Location in well Capacity 10 gpm. Depth of Setting Ft 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Williams Model Number 850AC How attached to casing? Location 8. Well Disinfected? Yes No	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit Manure Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/72 No Manufacturer Tto: ite Type Sub Location in well Capacity 10 gpm. Depth of Setting Ft 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Williams Model Number 850AC How attached to casing? Location 8. Well Disinfected? Yes No	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit Manure Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/70 No Manufacturer Stallite Type Sub Location In Nell Capacity 10 gpm. Depth of Setting Ft. 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Williams Model Number B50AC How attacked to casing? Locitius 8. Well Disinfected? Yes No 9. Pump and Equipment Disinfected? Yes No 10. Pressure Tank Size 0 gal. Type Mall No	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit Manuse Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/79 No Manufacturer 15/11c Type Sub Location 11 Nell Capacity 10 gpm. Depth of Setting Ft. 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Villiams Model Number 850AC How attacked to casing? Location 8. Well Disinfected? Yes No 9. Pump and Equipment Disinfected? Yes No 10. Pressure Tank Size 0 gal. Type Mall 10	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit Manure Pile 3. Well furnishes water for human consumption? Yes No 4. Date well completed 12/20/79 5. Permanent Pump Installed? Yes Date 12/20/79 No Manufacturer Ttollite Type Sub Location In Nell Capacity 10 gpm. Depth of Setting Ft. 6. Well Top Sealed? Yes No Type Williams Cap 7. Pitless Adapter Installed? Yes No Manufacturer Williams Model Number B50AC How attacked to casing? Location 8. Well Disinfected? Yes No 9. Pump and Equipment Disinfected? Yes No 10. Pressure Tank Size 0 gal. Type Mall No	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS D	1 43
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil. Sand d. Gravel. Gravel.	THICKNESS D	1 43
Leaching Pit	above ground level. Pumping level 10 ft gpm for hours. 18. FORMATIONS PASSED THROUGH Top Soil Sand G Gravel	THICKNESS P	1 43 45

IDPH 4.065 L/74 - KNB-1 WESTON;#

2:00PM

WESTON:#

u. **ROY** DATE Mey 19, 1972

CEOFOCICYT YND MYLEB 20HAEK2 MET'T BECOBD

FILL IN ALL PERTINENT INTO. ATION REQUESTED AND MAIL ORIGINAL TO STATE DE-PARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLDGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

	Sies Capy - Well Dward
mine.	Yellow Copy - Mell Cont
481	M. Dopi. of Public Hea
	Marie Copy

39/01

IDEM 4'065

Depth	.aii	Hole Diam. S	Bored	Type of Well a	ı.
нтла			г соизтн		

			EMPHK2:
o	M	sailted? Yes	Water Sample Sul
	oN	XX SOX Z	bettelminid lish .
	N XX SS	Y Shelled? Y	Pitless Adaptor
	OM_	XX Say	hell Top Sealed
3 09	of setting	- dbm Debr	Capacity 15
"द्	e adkı	DATTRE	Manufacturer
	YY 54	bestelled? Y	quant hamomad .
	1972	Com Poli	. Date well comple
€ noitq m u		s well to be use	id) mort televal .
	Manure Pile		Leaching Pit
~ · · · · · · · · · · · · · · · · · · ·	Junyand	OOT	Septic Tank
200	familianal mesi		veird
	ewer (non Cast		Cess Pool
PI	ail sliT sports		Distance to Near
		.,20	- Meritan to Manage
10 (FL)	ABON (AF)	(CHIE)	d. Grout:
	red XX	. Gravel Pac	V
An Hock	· Drift		
n oztudeci	Diam. Z in.	Unve Pipe	b. Driven
TON-	ed Slab: Yes	mg .	Curb material
1102T uideci	ar C. Manta 3	IOII . Dax	c. Dag Bo

756 08 CKSACT **Sand 58Bd CIED** OE 0 TosqoT Cyay THICKNESS DEPTH OF .81 MONTHUMS BYESED LINKOUGH

above ground level. Pumping level 20 ft. when pumping at 30

.ft. below casing top which is

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

13. County CHENTY Date May Ly 1972

self su liese M.005 N.08

SECTION PLAT

LOCATION IN

08

License No. 92-563

Well No. 1

(.M.) of (.M.) men

Elev.

L6122

SICKED

qpm for the hours.

16. Size Hole below caring: 5

15. Casing and Liner Pipe

Permit NoNE 24506

15 # Per FT.

ft. Slot

Cravel

Paul Barker

H, F, D. 10. Property owner Richard Marcellas

Kind and Volgiti

17. Static level6_

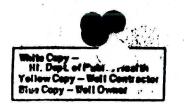
(.el) .mald

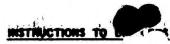
Length:

12. Water from

Driller -

14. Screen: Diam at depth







FILL IN ALL PERTINENT INFORMATION REQUESTED AD MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 525 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			
				. Depth <u>125</u> ft.
			uried Slab: Yes_	
	b. Driven	Drive Pip	e Diamin.	Depthft.
	c. Drilled	Finished	in Drift	In Rock
	Tubular	Gravel Pa	icked X.	
	d. Grout:	(XIND)	FROM (FL.)	TO (Ft.) .
		Gravel	0	125
2	Distance to Ne			1 .
4.			Common Tillo Et	
	Building _20_ Cess Pool	F L		iron)
	Delaw			11011/
	Sentic Tenk			
	Leaching Dit		Manure Pile	
2				es_X_No
4	Date well come		Q7	48 V 140
5.	Date well comp	a Installed? Ve	o / D-1-1/13	/87_No
J.	Manufactures R	pinstoneor re olta Tu	as Subm Lass	tion in Well
				0Ft.
6				liams Cap
			es_x_ No_	
				er R50AC
			cknut	
8.	Well Disinfects	d? Yes v	No	
9.	Pump and Fami	pment Disinfects	d? Yes v	No
10.	Pressure Tonk	Size 80 . gal.	Type Clayt	on Marx
	Location	Rasom	ent	
11	Water Sample S	ubmitted? Yes	Nox	•
	MARKS:		Co	#25533
	Owner ins	tructed to	take samp	le.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

Driller	Marvin_	E. Grant Nice	Licen	ie No. 🔟	02 (002458
1. Permit	No128	391	Date _	11/25	186	
at dep	th 120 to 1	hotion 25_ft. in. lot	Sec. Twp Rge	-6-30 -6-30 -43N	-	X
	and Liner P				L	
Diem. (in.)	Kind a	nd Volght	From (Ft.)	To (FL)		SHOW CATION IN TION PLAT
5	Black S	tee l	0	125		
	15 lb	s per ft			NE	NW SE
6. Size H 7. Static	ole below ca	sing: 5	in. ing top whi	ch is 1		ft.
7. Static	level 20	ft. below cas Pumping lev	ing top whi	ch is	mple	ft.
7. Static above gpm fo	level <u>20</u> ground level. r_4hour	ft. below cas Pumping lev	ing top which the second secon	ch is 1	mp in	nt — 10
7. Static above gpm fo	ground level. r_4hour	ft. below cas Pumping levels.	ing top which the second secon	when pu	CHESS LIMP LD	g at ———————————————————————————————————
7. Static above gpm fo	level 20 ground level. r_4bour	ft. below cos. Pumping level. S. ASSED THROU	ing top which the second secon	THICH	нам	g at ———————————————————————————————————
7. Static above gpm fo	pround level. Top Soil Sand & G	ft. below cos. Pumping level. S. ASSED THROU	ing top whi rel <u>25</u> ft an	THICE	CHESS 2	2 at —10
7. Static above gpm fo	pround level. Top Soil Sand & G	it. below cos. Pumping leves. ASSED THROU	ing top whi rel <u>25</u> ft an	THICE	ENESS	2 24
7. Static above gpm fo	pround level. Top Soil Sand & G Clay	it. below cos. Pumping leves. ASSED THROU	ing top whi rel <u>25</u> ft an	THICE	ENESS	2 24
7. Static above gpm fo	pround level. Top Soil Sand & G Clay	it. below cos. Pumping leves. ASSED THROU	ing top whi rel <u>25</u> ft an	THICE	ENESS	2 24
7. Static above gpm fo	pround level. Top Soil Sand & G Clay	it. below cos. Pumping leves. ASSED THROU	ing top whi rel <u>25</u> ft an	THICE	ENESS	2 24





White Copy —
III, DepL of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1. F. Curpenski

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			D 57 6
	a. Dug Bor	red Hol	e Dicm. 5in	. Deptho/it.
	b. Driven			No
	c. Drilled X			
			ckedx	
	d. Grout:			
		(KIND)	FROM (Ft.)	TO (Ft.)
	G	ravel	0	57
2	Distance to Neare	at:		
۵.	Building 35		Seepage Tile Fie	eld
	Cess Pool			iron)
	Privy		STATE OF THE PARTY	
	Septic Tank7		out-come camps to be a recognise with the ac-	
	Leaching Pit	l	Manure Pile	
3.	Well furnishes wa	ter for human	consumption? Y	es_x_No
4.	Date well complet	ted	1/27/87	
5.	Permanent Pump 1	installed? Ye:	x Date 12/	1/87_No
				tion <u>in well</u>
				Ft.
6.	Well Top Sealed?	Yes_x_No	Type	Williams Ca p
7.	Pitless Adapter In Manufacturer <u>Wi</u>	nstalled? Ye	s_x No	RSOAC
	Manufacturer _Wi	11iams	Model Num	per
_				
	Well Disinfected?			**
	Pump and Equipm			
IU.	Pressure Tonk Si			
	Water Sample Sub	-: trad? Vas	No	<u> </u>
	MARKS:	mitted: 163	110	•
			47 .	
	0wne	r instru	cted to tal	ke sample.

Co #26100

GEOLOGICAL	. AND	WATER	SURVEYS	WELL	RECORD
------------	-------	-------	---------	------	--------

020	LUGICAL AND WATER	BUILTS	M LALAL IN	LCOI	י, טוי
Drille 1. Permi	rty owner Steven Kor 6313 Dunham I r Marvin R. Nice it No132936	Licens Date	6/22/8	7	
2. Water	from Gravel	13. Cou	nty MC	Hen	ry
at dej 4. Scree	oth 10 to 57 ft. n: Diamin. h:ft. Slot	Twp Rge	5 · 5 g 4 3 N · 6 E		X
15. Casir	g and Liner Pipe	Lie		L	
Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)		SHOW CATION IN
5		0	57		TION PLA
	15 lbs per ft	_		SE.	NEN
18.	or hours. FORMATIONS PASSED THRO	UGH	тніск	NESS	DEPTH O
	op soil	~~~	2		2
	rown Clay		8		10
· G	ravel		4	7	57





Well Construction Report

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

1.	. Type of Well	100
	a. Bored Hole Diam5 in.	Depth 180ft
	Buried Slab: Yes No	
	b. Driven Drive Pipe Diamin	n. Depthft
	c. Drilled Finished in Drift	In Rock
	(KIND) FROM (Ft.)	TO (Ft.)
	d. Grout: Authinas	
	, L.,	
2.	. Well furnishes water for human consumption	n? Yes No
3.	. Date well drilled 9/22/89	
	. Permanent pump installed? Yes 🗶 Date	0110189 No
	Manufacturer Delta	Type Subm.
	Location IN Well	
	Capacity 10 gpm. Depth of setting	_\00ft
5.	. Well top sealed? Yes X No Type	williams (ap
6.	. Pitless adapter installed? Yes_X No_	
	Manufacturer Williams	Model No. BSOAC
	How attached to casing? LOCKNUT	I.
	. Well disinfected? Yes_X No	
8.	. Pump and equipment disinfected Yes	No
		35A.
		33 .
	IMPORTANT NOTICE	
	This State Agency is requesting disclosur	
	that is necessary to accomplish the statu	
	outlined under Public Act 85-0863. Discl	
	information is mandatory. This form has	been approved by

PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

look wi

the Forms Management Center.

3. Locati	on:	C	ounty_ <u>[[]C</u>	HEYNU	×		
		S	ec <u>5.</u> 29	1	B		
			10.773M	1	ヿ		
		R	ge. LEE		٦		
4. Water	from Limestone	at depth	10 ft		7		
	and Liner Pipe		80_ft	Show locati	01		
	Kind and Weight	From (ft)	To (ft)	in section	ı		
5	Black Steel	0	110	plat			
		P 8	;	SW NE N	Ŀ		
	15 lbs Per Ft						
6. Screen: Diamin, Lengthin, Slot Size 7. Size hole below casing 5 in. 18. Ground Elev ft msl. 9. Static level 10 ft below casing top which is 1 ft. above ground level. Pumping level 20 ft, pumping gpm for 1 hours.							
0. Earth	Materials Passed Throug	h	Depth of	Depth of			
-			Тор	Bottom			
Top:	Soil		2	3_			
	dy Clay		8	10			
	ret & sound		65	75			
clay	c		35	110			
Lim	estone		70	180			
ontinue o	on separate sheet if nec	essary.	*****		T .		
igned	w skr		Date_[17/89			
				•]	-		

GEOLOGICAL AND WATER SURVEYS WELL RECORD

9. Driller Mark E. Nice

12. Permit No. 0131910

11. Property Owner MIKE TUYCH

10. Well Site Address 10314 Dunham

IL482-0126

GEULUGICAL AND WATER BOLIVETS WELL BECORD Complete January 1, 100 10 Property owner Richard Moritz Well No. Address 17400 E Je Precion, Clause Driller John Pilcard _ License No. <u>92-174</u> 11. Permit No. 70125 _ Date . 13. County Mc Henry 12. Water from Linesteic Sec. 4 at depth 127 to 1xc ft. Twp. 43N 14. Screen: Diam. _____in. Length: ____ft. Slot _ Rge. 6E 15. Casing and Liner Pipe SHOW LOCATION IN SECTION PLAT Diam. (in.) Kind and Weight From (Ft) To (Ft) 137 SE SW NE (permit) 15.1. 2400 111 1. Miles we 12561787 16. Size Hole below casing: 43/4 in. 17. Static level 35 ft. below casing top which is_ above ground level. Pumping level 30 ft. when pumping at 20 gpm for / hours. Sub pump @ 100' FORMATIONS PASSED THROUGH THICKNESS 18. Gray Clay 1 Gravel I So Good Bac - B- S. (CONTINUE ON SEPARATE SHEET IF NECESSARY) __ DATE 4/1. (18 SIGNED

FOUND NAME

CLEVAILY

EB 838

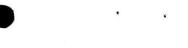
COUNTY NO 23323

4-43N-6E



White Copy — 111, Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner





10. Property owner Techalloy Ill. Incwell No.



FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well		-	20.5
				. Depth <u>205</u> ft.
		al Bu		
		Drive Pipe		
	c. Drilled X	Finished i	n Drift	In Rock X
	Tubular	Gravel Pa	cked	
	d. Grout:	(KIND)	FROM (F1.)	TO (Ft.)
		Cuttings	0	120
_				
2.	Distance to Ne			72.12
	Building 20			eld
	Cess Pool			iron)
	Privy Septic Tank	70		·
	Septic Tank	70		
×	Leaching Pit _		Manure Pile	*
3.	Well furnishes	water for human o	consumption? Y	es_X_No
4.	Date well comp	leted <u>Oc: to</u>	ber 29, 19	080
5.	Permanent Pum	p Installed? Yes	X Date 10/2	9/80 No
				ion in well
				5Ft.
				lliams Cap
7.		Installed? Ye		
	Manufacturer	Williams	Model Numb	er B50AC
	How attached to	casing?_Lac	knut	
8.	Well Disinfecte	d? Yes_x_	_No	
9.	Pump and Equip	ment Disinfecte	d? Yes_x_	No
10.	Pressure Tank	Size_1_20_ gal.	TypeWoll	X Trol
	Location _Bu	ilding		
11.	Water Sample Si	ilding bmitted? Yes.	No	
RE	MARKS:			
	T	2.172.1		16
	j.	24734		V
	- x		*	er,

CEOL	OCICAL	AND	WATER	SURVEYS	WEI	1	RECORD
GE.UL	JUGILAL	ANU	WAILT	POUAFIS	H C.L		necunu

	Addres	Jefferson & Ol	sen Rd	Union	, Illinoi	S
	Driller	Marvin Nice No. 96794 Tom Limestone	License	No. 102	002458	
11.	Permit	No. 96794	Date O	ctober	21, 1980	ii
12.	Water f	rom Limestone	13. Coun	ty McH	enry	
	at dept Screen	h120 to 205 ft.	Sec. Twp.	4.12 43N		
	Length	:ft. Slot				
15.	Casing	and Liner Pipe	Elev.			
Die	m. (in.)	Kind and Weight	From (Ft.)	To (FL.)	SHOW	
51	_	Galv. Steel	0	120	LOCATION IN SECTION PLAT	
1		15 lbs pr ft		s	E SENE	
-			 	(-	commercial	peration)
17.	Static	ole below casing: 5 level 10 ft. below casi ground level. Pumping level 4 hours.	in. ing top which rel 15 ft.	h is 1 when pum	ping at 10 ft.	
	gpm to	r 4 hours.				
18.		r 4 hours. ORMATIONS PASSED THROU		THICKN		
To	p So	ORMATIONS PASSED THROUGH		тніскиі 3		
To	p So	ORMATIONS PASSED THROUGH		3 32	BEST BOTTOM	
To	p So avel	ORMATIONS PASSED THROUGH		3 32 83	3 - 35 - 118	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83	3 - 35 - 118	,
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To GI	p So avel ay	ORMATIONS PASSED THROUGH	СН	3 32 83 2	3 - 35 - 118 - 120	
To Grant Sh	p So avel ay nale mest	ORMATIONS PASSED THROUGH	е)	3 32 83 2 85	3 - 35 - 118 - 120	



White Cop.

III. Dept. or Public Health
Yellow Copy — Wall Contractor
Blue Copy — Well Owner

INSTRUCTIO





FILL IN ALL PERTINENT INFORMATION REQ. .TED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

,	Time of Wall		· / u	
1.	Type of Well a. Dug Bored	Но	le Diam 2010ir	Denth 205 ft
	Curb material			
	b. Driven	Drive Pipe	Diam. in	Depth ft.
	b. Driven c. Drilled	Finished i	n Drift	In Rock
	Tubular	Gravel Pa	cked	
?	d. Grout:	KIND)	FROM (Ft.)	TO (Ft.)
	Cit	ttings		13."
	L.			
2.	Distance to Nearest:			
	Building	_Ft.	Seepage Tile Fi	eld
	Cess Pool	:	Sewer (non Cast	iron)
	Privy		Sewer (Cast iron)
	Privy Septic Tank 105		Barnyard	
	Leaching Pit			
3.			consumption? Y	esNo
4.	Date well completed.	6/17	/···^	
5.	Permonent Pump Inste Manufacturer	alled? Yes	Date <u></u>	7/11 No
	Manufacturer 1	<u>:cko:</u> Typ	pe <u>Chirir</u> Loca	tion in woll
	Capacityapm.	Depth of	Setting	<u>"() </u>
6.				
7.	Pitless Adapter Insta	lled? Ye	sNo	
	Manufacturer il	11000	Model Numl	per
^	How attached to casin			
	Well Disinfected?			
9.	Pump and Equipment	Disinfecte	d? Yes	No
U.	Pressure Tank Size_	gal.	Type	1 10001
	Location			
	Water Sample Submitte	edr Yes.	No	
C	MARKS:			

41 A

GEOLOGICAL AND WATER SURVEYS WELL RECORD

at dep 14. Screen Length	th 135 to 205 ft. : Diamin. :ft. Slot	Sec Tw Rg	c. 2.82 pp. 43N 6. 6	E	
Diam. (in.)		From (Ft.) To (Ft.)	LO	SHOW
511	Schedule 80	0	135	SW.	TION P
	Plastic	4		Sω	Sω
7. Static above gpm fo	ole below casing: 5 level 20 ft. below ground level. Pumping r _ hours. FORMATIONS PASSED TH	casing top wh glevel ((()) f	ich is	mping	
7. Static above gpm fo	level <u>20</u> ft. below ground level. Pumping r hours.	casing top wh glevel ((()) f	it. when pu	mpind mpind	DEPTH
7. Static above gpm fo	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	MESS	DEPTH BOTT
7. Static above gpm fo 8. Sand Clay	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	mping NESS (5) (70)	DEPTH BOTTO
17. Static above gpm fo	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	MESS	DEPTH BOTT
7. Static above gpm fo 8. Sand Clay	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	mping NESS (5) (70)	DEPTH BOTTO
7. Static above gpm fo	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	mping NESS (5) (70)	DEPTH BOTTO
7. Static above gpm fo	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	mping NESS (5) (70)	DEPTH BOTTO
7. Static above gpm fo	level 20 ft. below ground level. Pumping r _/ hours. CORMATIONS PASSED THE	casing top wh glevel ((()) f	it. when pu	mping NESS (5) (70)	DEPTH BOTTO







GEOLOGICAL AND WATER SURVEYS WELL RECORD

White Copy — III. Dept. of Public Health Yellow Copy - Well Contractor Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	WELL CONSTRUCTION REPORT	Į.	reciavily founded	bent Nice .	an imiacl	ret :
	Wada Concincotton har one	10. Proper	ty owner Harold Kop.	lin	Well No	re condinal
1.	Type of Well	Addre	55 6606 Olson Rd	Union	, Illino	ois 🐣
	a. Dug Bored Hole Diam. 5 in. Depth/12 ft.	Drille	<u> Marvin Hice</u>	License	e No. 102	00372
	Curb material Buried Slab: YesNo	11. Permi	t No. 1030/12	Date	11/0/32	
	b. Driven in. Depth ft.	12. Water	from Gravel	13. Coun	ty McHem	· vr
	c. Drilled X . Finished in Drift In Rock		oth 3 to 42 ft.	Sec	3.81	
	Tubular Gravel Packed	NOTION 1175 140 WILL	n: Diamin.		. <u>7,311</u>	
	d. Grout: (KIND) FROM (Ft.) TO (Ft.)			Rge.	(1) x	
					830	
	Gravel 0 1,2	15. Casin	g and Liner Pipe	Liea		1 1 1
		Diam. (in.)	Note that the second se	From (Ft.)	TOUT	8HO W
				1	L	OCATION IN
2.	Distance to Nearest:	5"	Schedule 80	0	and the same of th	0 $P(a)$ S .
	Building 35 Ft. Seepage Tile Field		Plastic			
	Cess Pool Sewer (non Cast iron)					
		16. Size I	Hole below casing: 5	in.		ÿ
	Privy Sewer (Cast iron)					
	Privy Sewer (Cast iron) Septic Tank 80 Barnyard Some	17. Static	level & ft. below cas	ing top which	h is	ft
	Septic Tank 80 Barnyard	17. Static	: level <u>{ }</u> ft. below cas			
3.	Leaching Pit Manure Pile Well furnishes water for hyman consumption? Yes X No	17. Static	e level <u>&ft.</u> below cas ground level. Pumping lev			
4.	Well furnishes water for human consumption? Yes X No	17. Static above gpm fo	e level <u>fi</u> ft. below cas ground level. Pumping lever <u>le</u> hours.	vel <u>1.2</u> ft.	when pumpi	ng at lO
4.	Well furnishes water for hyman consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/82 No	17. Static above gpm fo	e level <u>&ft.</u> below cas ground level. Pumping lev	vel <u>1.2</u> ft.	when pumpi	
4.	Well furnishes water for hyman consumption? Yes X No Date well completed 4/19/62 Permanent Pump Installed? Yes X Date 4/19/22 No Manufacturer Red Jacek Type Subm Location in Well	17. Static above gpm fo	e level £ ft. below case ground level. Pumping level or le hours.	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF
4 . 5.	Leaching Pit Manure Pile	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/82 No Manufacturer Red Jacek Type Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11.11 and Cap	17. Static above gpm fo	e level £ ft. below case ground level. Pumping level or le hours.	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF
4. 5. 6.	Well furnishes water for hyman consumption? Yes X No	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6.	Well furnishes water for human consumption? Yes X No	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7.	Well furnishes water for human consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/22 No Manufacturer Red Jacektype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11.1 ams Cap Pitless Adapter Installed? Yes X No Manufacturer 1/11.1 ams Model Number R50AC How attached to casing? Locknut	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7.	Well furnishes water for human consumption? Yes X No Date well completed 1/19/02 Permanent Pump Installed? Yes X Date 1/19/22 No Manufacturer Red Jacektype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/111/1 amc Cap Pitless Adapter Installed? Yes X No Model Number R50AC How attached to casing? Locknut Well Disinfected? Yes X No Yes Y No Yes Yes X No Yes Yes X No Yes	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7.	Well furnishes water for human consumption? Yes X No Date well completed 4/19/62 Permanent Pump Installed? Yes X Date 4/19/82 No Manufacturer Red Jacektype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11/11 and Cap Pitless Adapter Installed? Yes X No Model Number B50AC How attached to casing? Locknut Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pump and Yes X No Pum	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7.	Well furnishes water for human consumption? Yes X No Date well completed 4/19/02 Permanent Pump Installed? Yes X Date 4/19/22 No Manufacturer Red Jacektype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 4/11/12/10/20 Ft. Well Top Sealed? Yes X No Type 4/11/12/10/20 Cap Pitless Adapter Installed? Yes X No Model Number B50AC How attached to casing? Locknut Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pressure Tank Size 30 gal. Type 4/11 y Trol	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7. 8. 9.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/82 No Manufacturer Red Jacektrype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11.1 jams Cap Pitless Adapter Installed? Yes X No Model Number B50AC How attached to casing? Locknut Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pressure Tank Size 30 gal. Type 1/21 y Trol Location Basement	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7. 8. 9. 10.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/82 No Date 1/19	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7. 8. 9. 10.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/82 No Manufacturer Red Jacektrype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11.1 jams Cap Pitless Adapter Installed? Yes X No Model Number B50AC How attached to casing? Locknut Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pressure Tank Size 30 gal. Type 1/21 y Trol Location Basement	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7. 8. 9. 10.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/82 No Date 1/19	17. Static above gpm fo	e level £ft. below case ground level. Pumping level orl_ hours. FORMATIONS PASSED THROUGH	vel <u>1.2</u> ft.	THICKNES	s DEPTH OF BOTTOM
4. 5. 6. 7. 8. 9. 10.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/82 No Manufacturer Red Jacektrype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11.1 jams Cap Pitless Adapter Installed? Yes X No Model Number R50AC How attached to casing? Locknut Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pressure Tank Size 30 gal. Type 1/21 Y Trol Location Resement Water Sample Submitted? Yes No X MARKS:	17. Static above gpm for 18. Top S Sand	elevel &ft. below case ground level. Pumping level orle_ hours. FORMATIONS PASSED THROUGOIL & Cravel	yel <u>1.2</u> ft.	THICKNES 2 1:0	s DEPTH OF BOTTOM
4. 5. 6. 7. 8. 9. 10.	Well furnishes water for human consumption? Yes X No Date well completed 1/19/02 Permanent Pump Installed? Yes X Date 1/19/02 No Manufacturer Red Jacektype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11/12/10 Cap Pitless Adapter Installed? Yes X No Model Number B50AC How attached to casing? Locknut: Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pressure Tank Size 30 gal. Type 1/21 y Trol Location Basement. Water Sample Submitted? Yes No X MARKS:	17. Static above gpm for 18. Top S Sand	e level &ft. below case ground level. Pumping level orle_ hours. FORMATIONS PASSED THROUGOIL & Cravel	T NECESSARY	THICKNES 2 1:0	ng at 10
4. 5. 6. 7. 8. 9. 10.	Manure Pile Well furnishes water for human consumption? Yes X No Date well completed 1/19/62 Permanent Pump Installed? Yes X Date 1/19/82 No Manufacturer Red Jacektrype Subm Location in Well Capacity 10 gpm. Depth of Setting 20 Ft. Well Top Sealed? Yes X No Type 1/11.1 jams Cap Pitless Adapter Installed? Yes X No Model Number R50AC How attached to casing? Locknut Well Disinfected? Yes X No Pump and Equipment Disinfected? Yes X No Pressure Tank Size 30 gal. Type 1/21 Y Trol Location Resement Water Sample Submitted? Yes No X MARKS:	17. Static above gpm for 18. Top S Sand	e level &ft. below case ground level. Pumping level orle_ hours. FORMATIONS PASSED THROUGH & Cravel.	T NECESSARY	THICKNES 2 1:0	ng at O

IDPH 4.065 1/74 - KNB-1 (50571-1214M Seta-6-74) -55

007

2. Distance to Nearest: Building <u>20</u>

Cess Pool

Privy





SHOW LOCATION IN

SECTION PLAT

NW SW NE

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH GEOLOGICAL AND WATER SURVEYS WELL RECORD WELL CONSTRUCTION REPORT Leonge Ponto 10. Property owner Connect Well No. #120 W. Union Union, Illinois 1. Type of Well License No. 102 0021.53 a. Dug____ Maryin dice Bored. Hole Diam. in. Depth Driller . Date 12/9/80 11. Permit No. 105845 Curb material . Buried Slab: Yes_ 13. County Mollenry 12. Water from Gravel. Drive Pipe Diam._ in. Depth Formation c. Drilled Finished in Drift_ Sec. 33.4f to_ Gravel Packed Tubular 14. Screen: Diam. _ Twp. 44N d. Grout: Length: ft. Slot 6E Rge. (KIND) FROM (Ft.) TO (Ft.) Gravel Elev. . 1). 15. Casing and Liner Pipe Kind and Weight From (Ft.) To (F1.)

Seepage Tile Field

Sewer (non Cast iron)

wer (Cast iron)

Septic Tank 69 Barnyard	10. Size note below cusing.		
Septic Tank Barnyard Manure Pile	17. Static level 10 ft. below casing top which above ground level. Pumping level 20 ft. w		a at 10
Well furnishes water for human consumption? Yes No	gpm for hours.		
Date well completed 12/29/32	18 FORMATIONS PASSED THROUGH	THICKNESS	DEPTH
Permanent Pump Installed? Yes Date 12/20/2 No	18. FOREXTIONS PASSED THROUGH	INICARAS	DEPTH O
Manufacturer Red Jacks Type Suba Location in well	Ton Soil		2
Capacity 10 gpm. Depth of Setting 1.0	The state of the s	7	
Well Top Sealed? Yes Y No Type Williams Can	Gand Seravel	1.3	1.5
Pitless Adapter Installed? Yes No	Lorge Chavel	16	51
Manufacturer Tilliams Model Number DEOAC			
How attached to casing? Toolsmit			9.4
Well Disinfected? YesNo		1 3	1
Pump and Equipment Disinfected? YesNo	A Section 1 and the North Control of the Section 1		
Pressure Tank Size / gal. Type 111 Trans			
Location Program	The second second second second	7. 1	
Water Sample Submitted? YesNo			16.1
MARKS:			
10thron	Mark Edwinson on the		

5. H .

Black Steel

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

0

1/74 - KNB-1 (59571-12 1/M Sets-6-74) - 12 1/m



(23710-50M-9-60)

Page 1

ILLINOIS GEOLOGICAL SURVEY, URBANA

	Strata	Thickness	Тор	Bottom
2, 4	•••			
Top Soil		3	0	. 3
Sand		12	3	15
Sand and	Gravel	65	15	80
Size of	well: 30 inch, surface to 80			
Casing:	12" Inside Diameter 0 to 60' 12" Inside Diameter 60 to 80			
Cook Scr	een			
Water at	6'.			
Main sup	ply at 60-80'			
Drawdown	8'.			
Yield 100	00 gallons per minute.			ı
	.			1
	-			
	per contract of the contract o			
				1
				1

COMPANY

J. P. Miller Artesian Well Company

FARM .

City of <u>Union</u>

AUTHORITY J. P. Miller Artesian Well Company

ELEVATION

LOCATION

500'S + 2200'E of NWCOV 700'N line 1800'W line

COUNTY

MCHENRY

4-43N-6E

TOWN
COMPANY P. E. Millis
NO. T.
T.
SEC.
FARM Union Village
NO.

DATE DRILLED 1934
AUTHORIT & Unimary Sample Study
COLLECTOR

T.

43

43

AUTHORIT & Unimary Sample Study
COLLECTOR

ELEVATION 842 top. map

No 11 1 Server Tilly MAP	872 A Thickness		Depth	
No. Co# 226 Strata My marketes	Feet Feet	In.	Feet	ln.
Studied by C. L. Horberg, Ma	J ⁰ 1946			
PLEISTOCENE SYSTEM				
Wisconsin stage				
Gravel, sandy, oxidized,				
brown	5		5	
Gravel, up to 1/2", sandy	5 5		10	1
Gravel, granular, sandy	5		15	1
Gravel, up to 1/4", sandy	15		30	
Gravel, granular	5		35	
Till, calcareous, marcon				
(Marengo)	30		65	1
Till, calcareous, pinkish-gr				
tan	5 2 43		70	
Quartizitic fragments, boulder	r 2		72	
Till, as above .	48		120	
Same, gravelly	10		130	
Illinoian (?) stage				
Till, calcarecus, light brow	n 15		145	1
ORDOVICIAN SYSTEM				
Haquoketa shale				1
Shale, light greenish-grey	5		150	
Dolomite, crystalline,			20 2	
pyritic, white	40		190	
8				1
* 1				
*		ĺ		-
	1			
	1			

COUNTY MCHenry
SAMPLE SET NO. 1493
(84107-20M-6-45)

4-43N-6E

ILLINOIS GEOLOGICAL SURVEY, URBANA

MCHENRY COUNTY GROUNDWATER PROTECTION PROJECTS

LITHO	LOGIC/ST	RATIGR	APHIC DATA ENT	RY FORM PAGE of
COUNT	Y WATER	WELL N	UMBER 44	A ELEVATION 841 St
TWP/R	NG (13 N,	_6E	SECT_ 4	DRILLER Layne - Western Jess
DRIFT	THICKNE	ss	171 5+	ELEVATION OF BEDROCK SURF 720 St
				ATA QUALITY PIELD_VERIFIED?
			by Dot Woll.	
++++	++++++	+++++	++++++++++	+++++++++++++++++++++++++++++++++++++++
LITH.	THICK.	UNIT	DEPTH TO TOP	COMMENTS
	1		_	Black top Soil
	. 3		1	Black and brown clay
	15		Ч	Reddish brown clay and gravel
	36		. 19	Pinkish grang clay with gravel layers
	3		2.5	V. hard gravelly Cemented clay
-	61		58	Gray Sandy V. Silty clay w/ gravel Seam
	٦		119	Linestone boulders
			121	Bedrock
			760	TO
			×	
•				
		-		
1				g .







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.... Poul, of Public Health
Yéllow Copy - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATIC REQUESTED AND MAIL ORIGINAL TO 5 TATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well a. Dug Bored Curb material Dri b. Driven Dri c. Drilled _X Fin Tubular Gro	Bur ve Pipe nished in	ied Slab: Diam Drift	Yes in.	No Depth In Rock _X	ft.
	d. Grout: (KIN	D)	FROM (F	(.)	TO (Ft.)	
		1		, 11 ,		
		al al				
						,
2.	Distance to Negrest: Building 30 F		eepage Ti	le Fiel	d 110	
82	Cess Pool	100	Manage Control of the		ron)	
	Privy Septic Tank 100					
	Leaching Pit	_ M	anure Pilo			
3.	Well furnishes water for l	numan co	onsumption	n? Yes	No	
4.	Date well completed	oril 1	8 1977	100 /5	······································	
5.	Permanent Pump Installe	d? Yes	Date 4	/20/	No_	ī -
	Manufacturer Sta-Rit Capacity 30 gpm. De	Type	2	Locati 110	ou Tri Mer	
6	Well Top Sealed? Yes					
7.	Pitless Adapter Installed	l? Yes	X	No		V
	Manufacturer Wells		- Model	Numbe	r	:
	How attached to casing?	U	-Bolt			. !
	Well Disinfected? Yes,					196.5
9.	Pump and Equipment Dis	infected	? Yes_	X	ło	•
	Pressure Tank Size 10 Location 1n ba					
11.	Water Sample Submitted? MARKS:					
			2332	8		

GEOLOGICAL AND WATER SURVEYS WELL RECORD

ner LaVern Burn 6524 Prairie St Paul Barker 52270 Rock and shale Formation 15 to 225 ft. minft. Slot Liner Pipe Kind and Weight 6# per ft. elow casing: 5 _30_ft. below casid level. Pumping less hours.	Licen Date Date Sec Two Rge Ele From (Ft.) O In. Sing top whi	se No. 9 September Mc . 9/Sg p. 43N . 6E v. — 145	2-563 er 16 lenry Local	HOW TION IN PLA
Paul Barker 52270 Rock and shale Formation 15 to 225 ft. minft. Slot Liner Pipe Kind and Weight 5# per ft. elow casing: 5 _30_ft. below cand level. Pumping level.	Licen Date Date Sec Two Rge Ele From (Ft.) O In. Sing top whi	se No. 9 September Mc . 9/Sg p. 43N . 6E v. — 145	si Local Solver A	HOW TION IN PLA
Paul Barker 52270 Rock and shale Formation 15 to 225 ft. minft. Slot Liner Pipe Kind and Weight 5# per ft. elow casing: 5 _30_ft. below cand level. Pumping level.	Licen Date	se No. 9 September Mc . 9/Sg p. 43N . 6E v. — 145	si Local Solver A	HOW TION IN PLA
Rock and shale Formation 15 to 225 ft. minft. Slot Liner Pipe Kind and Weight 5# per ft. elow casing: 5 _30 ft. below cand level. Pumping level.	13. Cou Sec Tw Rge Ele From (Ft.) O	mty Mcl. 9 / Sgp. 1/3N - 6E - V 11/5 - 11/5	Local Section 12 in	HOW TION IN PLA
Rock and shale Formation 15 to 225 ft. minft. Slot Liner Pipe Kind and Weight 5# per ft. elow casing: 5 _30 ft. below cand level. Pumping level.	Sec Twj Rge Ele From (Ft.) Oin. sing top whi	9 / Sg p. 1/3N s. 6E v	Local Section	HOW TION IN PLA
to 225 ft. minft. Slot Liner Pipe Kind and Weight # per ft. elow casing: 5 _30 ft. below cand level. Pumping level.	Twing Rge Ele From (Ft.) O in. sing top whi	p. 13N c. 6E v	SH LOCA SECTION SE A	TION IN PLA 75'E E.M.
Liner Pipe Kind and Weight 5# per ft. elow casing: 5 _30_ft. below cand level. Pumping level.	Twing Rge Ele From (Ft.) O in. sing top whi	p. 13N c. 6E v	SH LOCA SECTION SE A	TION IN PLA 75'E E.M.
Liner Pipe Kind and Weight ## per ft. elow casing: 5 _30	From (Ft.) Oin. sing top whi	r6E_v	SECTION SE J	TION IN PLA 75'E E.M.
# per ft. elow casing: 530_ft. below cand level. Pumping le	From (Ft.) Oin. sing top whi	v	SECTION SE J	TION IN PLA 75'E E.M.
# per ft. elow casing: 530_ft. below cand level. Pumping le	in.	145	SECTION SE J	TION IN PLA 75'E E.M.
elow casing: 530_ft. below ca	in.	145	SECTION SE J	TION IN PLA 75'E E.M.
elow casing:5_ _30_ft. below ca d level. Pumping le	in.	ch is	SE J	on Pla 75'E E.M.
elow casing:5_ _30_ft. below ca d level. Pumping le	sing top whi	ch is	12 1 n	ches (
30ft. below cand level. Pumping le	sing top whi		12 1 n	ches (
30ft. below cand level. Pumping le	sing top whi			
TIONS PASSED THRO	UGH .	тніскі	HESS D	EPTH OF
		0		145
shale		145		225
			.	
				
				
,				

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Mill Bucker

_ DATE May 27-77



White Copy —
Ilf. Dept. of Public most th
Yellow Copy — Well Contractor
Blue Copy — Well Owner





FILL IN ALL PERTINENT INFORMATION REQUESTED ALL MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			
	a. Dug 1	Bored Ho	le Diam. <mark>5in</mark>	. Depth 215 ft.
	Curb materia	al Bu	ried Slab: Yes_	No
	b. Driven	Drive Pipe	Diamin.	Depthft.
	c. Dimed	· I maned	n Drift	In Rock X
		Gravel Pa	cked	
	d. Grout:	(KIND)	PROM. (Pt.)	TO (FL)
		Cuttings	0	155
			·	, a
2	Distance to Ne	mest:		*
	construction and the second se		Seenage Tile Fie	eld
	Cess Pool			iron)
	Cess Pool		12	
	Septic Tank	6.7		
	Leaching Pit_		Manure Pile	
3.	Well furnishes	water for human	consumption? You	
4	Date well comp	leted $6/9$	/86	
5.	Permonent Pum	p Installed? Yes	$\times D_{\text{crt}} = 0.00$	86 No
	Manufacturer J	acuzzi _{Tyr}	Subm Locat	ion in well
	Capacity 10	gpm. Depth of	Setting 120	0Ft.
6.	Well Top Sealed	? Yes X No.	Type Wil	liams Cap
7.	Pitless Adapter	Installed? Ye	sX_ No	
	Manufacturer	Williams	Model Numb	er B50AC
	How attached to	casing?LOG	cknut	
		d? Yes X		
9.	Pump and Equip	ment Disinfecte	d? Yes X	No
10.	Pressure Tank	Size <u>80</u> gal.	Type Well	X Trol
7	Location	Rasement		
		ubmitted? Yes.		
KE	MARKS:		Car	24959
	0			
	uwner in	structed to	take samp	ole.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10 Property owner Donald Winkler

10. Liope	2506 Clinton	River	Grove	
D-III-	- Marvin Nice	Licens	No.102	002458
11 Decmi	No. 122823	Date _	4/3/86	
12. Water	from Limestone	13. Com	nty <u>McHenr</u>	`y
	th 155 to 215 ft.		9,50	
			43N	┪┪┪
Lengt	n: Diezain. h:ft. Slot		. <u>6E</u>	
			, -	- - -
15. Casin	g and Liner Pipe		L.	
Diam. (la.)	Eind and Weight	From (Ft.)	To (PL)	OCATION IN
5	Black Steel	0		CTION PLAT
	15 lbs per ft		1/1	SE SE
			WE	e se se
16 Size I	fole below casing: 5	in.		
17 Statio	level 50 ft. below casi	ng top whi	chie 1	4
	ground level. Pumping lev			
	or4hours.	#1 _ <u></u>	wasa puncas	37 GL
18.	FORMATIONS PASSED THROUGH	OH .	THICKNES	DEPTH OF
Top S	oit		: 3	3
Chang			132	135
SHAL	د		مد	155
Lime	STUNE		60	215
			-{	
				
		E 1		
-			<u> </u>	_
				
	. 4			
(COHTINE	uk on separate sheet iy	NECESSARY	n	
	$n \cdot a$		2/12	115
Signed _	mung hand	D/	TE_3/11	. ,



White Copy -III. Dept. of Public Yellow Copy - Well Contractor Blue Copy - Well Owner





ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well a. Dug Bored Hole Diamin. Depth 200 ft. Curb material Buried Slab: YesNo b. Driven Drive Pipe Diamin. Depthft. c. DrilledX . Finished in Drift In Rock _X . Tubular Gravel Packed d. Grout:
	(KIND) FROM (Ft.) TO (Ft.)
	CUTTINGS 0 140
	001111111111111111111111111111111111111
2.	Distance to Nearest:
	Building 30 Ft Congge Tile Field
	Cess Pool Sewer (non Cast iron)
	Privy Sewer (Cast iron)
	Septic Tank 60 Barnyard
	Leaching Pit Manure Pile
3.	Well furnishes water for human consumption? Yes X No
4.	Date well completed / 5/15/16
5.	Date well completed / 5/3/46 Permanent Pump Installed? Yes X Date/3/19/6 No
	Manufacturer Ren VACRE. Type SUS n Location 14 Well
	Capacity / 5 gpm. Depth of Setting / 50 Ft.
	Well Top Sealed? Yes X No Type bir-inni conf
7.	Pitless Adapter Installed? Yes X No Manufacturer Living Model Number & FUAC
	Manufacturer _ L. LIAM _ Model Number _ B. TUAC
	How attached to casing? LOCKNOT
	Well Disinfected? YesNo
9.	Pump and Equipment Disinfected? Yes Y No
10.	Pressure Tank Size gal. Type Well - X-TRIL
	Location BAJEMEN
	Water Sample Submitted? YesNoX
HE	MARKS: Co # 25243
	OWNER INSTRUCTED TO TAKE Symple.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

0. Proper Addre	88 11219 E CIENC	- KO L	101.20		
Drille	mann Nice	Licens	e No.	7.0	0245
1. Permi	t No	Date _	2/2/16	,,,	
2. Water	t No. Jayaaa from himestine	13. Cou	nty m	Mes	vey
at dep	th 170 towor ft.	Sec	7,3	4	
	: Diamin.	Twp	, 43N	. —	
	h:ft. Slot	Rge	. 66	. —	
5. Casin	g and Liner Pipe		/		
Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)		SHOW CATION IN
5"	BLACK STECK	0	140		TION PLA
	ISLAS per FT			NE	NW S
				.,,,	1000
above gpm fo	lole below casing:	ing top which the last of the	. when pu	mping	at
above gpm fo	ground level. Pumping lev	ing top which the last of the	. when pu	/ impling	at
gpm fo	ground level. Pumping lever hours.	ing top which the last of the	THICK	mping	at
above gpm for some some some some some some some some	levelft. below coss ground level. Pumping lever porhours. FORMATIONS PASSED THROU So,'L	ing top which the last of the	THICE	ENESS	PERTING A
above gpm for some some some some some some some some	ground level. Pumping lever hours.	ing top which the last of the	THICK	ENESS D	DEPTHON 3
above gpm for some some some some some some some some	levelft. below coss ground level. Pumping lever porhours. FORMATIONS PASSED THROU So,'L	ing top which the last of the	THICE	ENESS L L L	PERTING A
above gpm ic	levelft. below coss ground level. Pumping lever porhours. FORMATIONS PASSED THROU So,'L	ing top which the last of the	THICK	ENESS L L L	DEPTHON 3
above gpm ic	levelft. below coss ground level. Pumping levelhours. FORMATIONS PASSED THROU So,' L ay O - broch	ing top which the last of the	THICK	ENESS L L L	DEPTHON 2 Ty 140
above gpm ic	level 30 ft. below coss ground level. Pumping lever of 4 hours. FORMATIONS PASSED THROU So,'L ay O " brouch by ole	ing top which the last of the	THICK	CNESS L L O	DEPTHONBOTTOM A Ty 140 170
above gpm ic	level 30 ft. below coss ground level. Pumping lever of 4 hours. FORMATIONS PASSED THROU So,'L ay O " brouch by ole	ing top which the last of the	THICK	CNESS L L O	DEPTHONBOTTOM A Ty 140 170
above gpm ic	level 30 ft. below coss ground level. Pumping lever of 4 hours. FORMATIONS PASSED THROU So,'L ay O " brouch by ole	ing top while to the second se	THICK	CNESS L L O	DEPTHON A STATE OF ST



White Copy — III. Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			101
	a. Dug	Bored Ho	le Diam. ⊃ ir	. Depth/+2 ft.
				No
	b. Driven	Drive Pipe	e Diamin.	Depthft.
	c. DrilledX	Finished	in Drift	In Rock
	Tubular	Gravel Pa	cked <u>X</u> .	
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
		Gravel	0	1,2
		GIAVCI	0	11-6
			<u> </u>	
2.	Distance to Ne	arest:		
	Building35	Ft.	Seepage Tile Fig	eld
	Cess Pool			iron)
	Privy		Sewer (Cast iron)
	Septic Tank	<u> </u>	Barnyard	
3.	Well furnishes	water for hyman	consumption? Y	es <u> ×</u> No
4.	Date well comp	leted 4/19/	82	
5.	Permanent Pum	p Installed? Ye	s <u>* Date 4/1</u>	9/82 No
	Manufacturer 12	ed Jacektry	pe Subm Loca	tion in well
	Capacity_10	_apm. Depth of	Setting	20Ft.
6.	Well Top Seale	d? Yes No.	Type/j_	lliams Cap
7.	Pitless Adapte	r Installed? Ye	es No	
	Manufacturer	<u> Villiems</u>	Model Numb	per <u>P5OAC</u>
	How attached to	o casing? <u>To</u>	cknut	
		d? Yes		
		pment Disinfecte		
0.				Trol
		Dacement		
1.	Water Sample S	ubmitted? Yes	No	<u>v</u>
RE	MARKS:			
		F	RECEIV	'ED
			JUL 271	982
			302-/1	

MCHENRY COUNTY DEPT. OF HEALTH

GEOLOGICAL AND WATER SURVEYS WELL RECORD

	ty owner Harold Kop 6506 Olson Rd	Union	Tlling	is
Drille	Marvin Nico	Licens	No. 102	0021.58
Dime:	Marvin Hico	Date Date	1./9/32	
12. Water	from Gravel	13. Cour	ty McHenr	y
	Formation			TIT
at dep	th 3 to 42 ft.		3	
	n: Diamin. h:ft. Slot	Iwp	<u> </u>	
Lengti	n:R. Slot			
15. Casin	g and Liner Pipe	Elev		
Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	SHOW CATION IN
511	Schedule CO	0		TION PLAT
	Plastic			
	lole below casing: 5			
	ground level. Pumping le l_{-} hours.	veiit.	when pumpin	g at <u>L</u>
18.	FORMATIONS PASSED THROU	JGH	THICKNESS	
				DEPTH OF BOTTOM
Top S	oil		?	DEPTH OF BOTTOM
Top 3			?	2
	oil & Gravel			
			?	2
			?	2
			?	2
			?	2
			?	2
			?	2
			?	2
			?	2
			?	2
Sand		FNECESSARV	? / ₁ O	2







FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well		, n	
	a. Dug E	Bored Ho	le Diam. 💯 in	. Depth <u>205</u> ft.
	Curb materia	l Bu	ried Slab: Yes_	No
	b. Driven	Drive Pipe	Diamin.	Depthft.
	c. Drilled	Finished i	n Drift	In Rock
	Tubular	Gravel Pa	cked	
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
	и			
		Cuttings	n	13,,
	*			
2	Distance to Nea	rest.		
	Building		Seepage Tile Fie	ıld
	Cess Pool			iron)
			Sewer (Cast iron)	. The state of the
	Septic Tank 1			
	Leaching Pit_		Manure Pile	
3.				sNo
		/17		
5.	Permanent Pump	Installed? Yes	Date	7./ ^ No
	Manufacturer	d Jacket Tyr	Local	tion in troll
	Capacity	gpm. Depth of	Setting	10Ft.
6.	Well Top Sealed	? YesNo_	Type	11. C.D
7.	Pitless Adapter	Installed? Ye	sNo	
	Manufacturer	illing	Model Numb	er <u>Provo</u>
	How attached to	casing?	oc'mut	
8.	Well Disinfected	? Yes	_No	
9.	Pump and Equip	ment Disinfecte	d? Yes	No
10.	Pressure Tank	Size 100 gal.	Type	· man
	Location	n carnt		
11.	Water Sample Su	bmitted? Yes.	No	
	MARKS:			
				OFIVE T
				CEIVEL

MAR 1 5 1983

MCHENRY COUNTY DEPT. OF HEALTH

CFOL	OCICAL	AND WATER	R SURVEYS WEL	I. RECORD
GEUL	COLCAL	WIND MUTCH	JOUATIO MET	L NECOND

0. Proper	rty owner			Merr I	lo	
Addre	rty owner <u>CCOT_C</u> ss <u>COT_C</u>	n 110	Union	<u>, TT.</u>	7.70	1:101 P =
Drille	t No. 10270	11.00	_ Licens	e No.	7	$\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}$
1. Permi	t No.		_ Date _		nt: 0:35	
Z. Water	Formation		13. Cou	nty		
at dep	th toft	•	Sec.	100		
4. Screen	n: Dicomin		Twp). <u>/ </u>	_	
Lengt	h:ft. Slot			(.17)	- [
15. Casin	g and Liner Pipe		Elev	/	- [
	Kind and Well	ght	From (Ft.)	To (Ft.)	п <u> </u>	SHOW
En	dehedule ()	135	- LU	CATION IN TION PLA
	Planti			-1. //	-	
					-	
	lole below casing:_			L		
above gpm fo	ground level. Pum orhours.	ow casing ping level	top which	when	pumpin	g at <u>10</u>
gpm to	ground level. Pum	ping level	top which	when	pumpin	g at 10
gpm id	orhours.	ping level	top which	when	pumpin	g at 10 DEPTH O
gpm id	FORMATIONS PASSED	ping level	top which	when	pumpin CKNESS	g at <u>10</u>
gpm id 8. Stand Glass	FORMATIONS PASSED	ping level	top which	when	CKNESS	PEPTHON (5) 125
gpm id 8. Stand Glass	FORMATIONS PASSED	ping level	top which	when	CKNESS (5) 70	PEPTHON (5) 125
gpm id 8. China Clar	FORMATIONS PASSED	ping level	top which	when	CKNESS (5) 70	DEPTH OF STREET
gpm id 8. China Clar	FORMATIONS PASSED	ping level	top which	when	CKNESS (5) 70	DEPTH OF STATE OF STA
gpm id 8. China Clar	FORMATIONS PASSED	ping level	top whi	when	CKNESS (5) 70	DEPTH OF STATE OF STA
gpm id 8. Char	FORMATIONS PASSED	ping level	ftop which	when	CKNESS (5) 70	DEPTH OF STREET
gpm id 8. China Clar	FORMATIONS PASSED	ping level	top white	when	CKNESS (5) 70	DEPTHON (5) 125
gpm id 8. China Clar	FORMATIONS PASSED	ping level	top which	when	CKNESS (5) 70	DEPTH OF STREET
gpm id 8. Clay Line	FORMATIONS PASSED	THROUGH		THI	CKNESS (5) 70	DEPTH OF STREET
gpm io 8. Clay	ground level. Pum orhours. FORMATIONS PASSED On Convol ontone UE ON SEPARATE SE	THROUGH	ecessar)	THI	римрівь (5) 70 70	9 at 10 125 205
gpm io 8. Clar	ground level. Pum orhours. FORMATIONS PASSED Commonweal	THROUGH	ecessar)	THI	римрівь (5) 70 70	PEPTHON (5 125 205

IDPH 4.065 1/74 - KNB-1 (59571-1214M Sets-6-74)



THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

1. Type of Wel	1	
a. Bored	i Hole Diamin. De	pthft
Buried S	lab: Yes No	_ •
b. Driven_	i Drive Pipe Diamin	Depth <u>36</u> ft
c. Drilled_	Finished in Drift	In Rock
1. 1. 4.	(KIND) FROM (Ft.)	TO (Ft.)
d. Grout:	NONE	
\$23°		
	CABIC	
- 12	Tool	
2. Well furnish	nes water for human consumption?	Yes No
	rilled_12-15-90	
	nump installed? Yes Date4	- 25-91 No
Manufacture	r GRONDFOS	Type Sub.
	IN Well	
	20 gpm. Depth of setting 20	ft.
5. Well top se	aled? Yes V No Type L	Villiams
	inter installed? Yes // No	
	er Williams Moo	del No. BSOACU
	ed to casing? Bolt Three	
	ected? Yes No	
21 6	uipment disinfected Yes / No.	
16.742	orpment distinceded res_p_ no_	· · · · · · · · · · · · · · · · · · ·
	IMPORTANT NOTICE	F
Thie State	Agency is requesting disclosure of	finformation
	essary to accomplish the statutory	
	der Public Act 85-0863. Disclosion	
	is mandatory. This form has been	The second secon
	i is mandatory. Inis form has been Nanagement Center	approved by
LIDE FORMS F	IANADEMENT LENTET.	

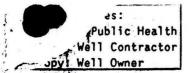
PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

18							
Ä	GEC	DLOGICAL	AND	WATER	SURVEYS	WELL	RECORD

			and the first of the		100000
9. Drille	LARR	y Kelle	<u> R</u> L	icense No.	092-00
	ite Address				
11. Proper	ty Owner	ECHNER	BROS. IM	Well No.	
	No. F-1	37		ate Issued	
13. Locati	on:			ounty MC	HENRY
				Sec. 4	ा लाहा
	. 4		100 April 100 Ap	wp. 43	4 4
	433			Rge6	
	· * < ^ ·	5.10		7/	3 19 19 19 19 19 19 19 19 19 19 19 19 19
4. Water	from SAA	US UKW		b_ftr	
	and Liner	Pipe	to_	ft «	Show locat
iam.(in)	Kind and W	eight	From (ft)	To (ft)	in section
	Not the second	The state of the s	200		plat
E11	1500 15	Com 1	0	76	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
<u> </u>	15.00 LE	JIEE	0	36	
	in .	, s * •	•	46	
				1 2 1	
					or bear than the
6. Screen	Pen Bo-	in, Length			ft m
6. Screen 7. Size i 9. Static ground	Pen: Bo- n: Diam noles below c : level_6_f d level. Pum Materials P	in, Length_ asingin t below casi ping level	n. 18. Ground top which of the pump	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
 Screen Size in Static ground 	n: Diam nole@below c : level_ <u>6</u> f d level. Pum	in, Length_ asingin t below casi ping level	n. 18. Ground top which of the pump	and Elev	t. above r <u>24</u> hour Depth of
6. Screen 7. Size 1 9. Static ground 0. Earth	n: Diamnole below control of the second	in, Length_ asingin t below casi ping level j assed Throug	n. 18. Groung top which	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
7. Size P 9. Static ground 0. Earth	n: Diam nole below c : level_6_f d level. Pum Materials P	in, Length_ asingin t below casi ping level j assed Throug	n. 18. Groung top which	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
6. Screen 7. Size 1 9. Static ground 0. Earth	n: Diamnole below control of the second	in, Length_ asingin t below casi ping level j assed Throug	n. 18. Groung top which	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
6. Screen 7. Size 1 9. Static ground 0. Earth	n: Diamnole below control of the second	in, Length_ asingin t below casi ping level j assed Throug	n. 18. Groung top which	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
6. Screen 7. Size 1 9. Static ground 0. Earth	n: Diamnole below control of the second	in, Length_ asingin t below casi ping level j assed Throug	n. 18. Groung top which	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
16. Screen 17. Size H 19. Static ground 20. Earth	n: Diamnole below control of the second	in, Length_asingint below casiping level Jassed Throug	n. 18. Ground top which to the second top which to the second to the sec	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
16. Screen 17. Size H 19. Static ground 20. Earth	n: Diamnole below control of the second o	in, Length_asingint below casiping level Jassed Throug	n. 18. Ground top which to the second top which to the second to the sec	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of
16. Screen 17. Size H 19. Static ground 20. Earth	n: Diamnole below control of the second o	in, Length_asingint below casiping level Jassed Throug	n. 18. Ground top which to the second top which to the second to the sec	th is 1 for form of Depth of	t. above r <u>24</u> hour Depth of

TI 492_0126





THIS FORM MUST BE COMPLETED WITHIN 30 DAYS OF WELL COMPLETION AND SENT TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761 1. Type of Well a. Bored Hole Diam. 5 in. Buried Slab: Yes b. Driven_ Drive Pipe Diam. ____in. Depth___ft c. Drilled X Finished in Prift_ In Rock X (KIND) FROM (Ft.) TO (Ft.) 155 d. Grout: Cuttings 2. Well furnishes water for human consumption? 3. Date well drilled 08/25/89 4. Permanent pump installed? Yes X Type_Subm. Manufacturer Red Jacket Location in Well Capacity 20 gpm. Depth of setting 160 Type Williams Cap 5. Well top sealed? Yes X No. 6. Pitless adapter installed? Yes X Manufacturer RECXXXXXXXXX Williammedel No. B5OAC How attached to casing? Locknut 7. Well disinfected? Yes X No 8. Pump and equipment disinfected: Yes X IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosiure of this information is mandatory. This form has been approved by the Forms Management Center.

PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

GEOLOGICAL	AND	WATER	SURVEYS	WELL	RECORD
Service and a			a trigger and the state of	11.11	2.1
of the state of th					and a

1. Proper	site Address 7218 No. rty Owner Thomas To. : No.112993	ope1	Well N	d_07/17/89
	from Limestone	at depth_ to_	155 ft 225 ft	Show location
	Kind and Weight Black Steel	From (ft)	To (ft)	in section plat
	15 Lbs. Per Ft.		, XA	
	4 4	,		
	3 65			
			s 21,	

20. Earth Mat erials Passed Through	Depth of	Depth of	
	Тор	Bottom	
Top SOil	2	2 .	
Sand & Clay	43	45	
Clay	65	110	
Sand & Gravel	45	155	

16. Screen: Diam. in, Length in, Slot Size

17. Size hole below casing ___in. 18. Ground Elev._

19. Static level by ft below casing top which is

Continue on separate sheet if necessary.

Limestone !

Si gned 2

Date 10/17/89

225

70



White Copy —
III. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

INSTRUCTIONS TO DRILLERS



FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well		_	
	a. Dug	Bored He	ole Diamir	. Depth <u>194</u> ft.
	Curb materi	al B	uried Slab: Yes_	No
	b. Driven	Drive Pip	e Diamin	Depthft.
	c. Drilled	Finished	in Drift	In Rock
	Tubular	Gravel Pa	cked	
	d. Grout:			
		(KIND)	FROM (Ft.)	TO (Ft.)
	4	Gravel	0	$1 \mathcal{M}_{\mathrm{P}}$
2.	Distance to Ne			
	Building]			eld
	Cess Pool		Walter Street	iron)
	Privy	120)
	Septic Tank		The same 1/4	
	Leaching Pit_			
3.	Well furnishes	water for human	consumption? Y	es No
4.	Date well comp	leted	1/ 1/2	. 73 -
5.				1./32 No
				tion in vicll
	Capacity 20	gpm. Depth of	Setting	Ft.
6.	Well Top Seale	d? YesNo	Type	llicas Cap
7.	Pitless Adapte	r Installed? Y	es No	
				per TOAC
			<u>relenut</u>	
		d? Yes		
			ed? Yes	
10.	Pressure Tank	Size 100 gal.	Type11	" " ol
	Location	Dunn Pouce		
11.	Water Sample S	ubmitted? Yes	No	<u>. </u>
RE	MARKS:			TIVED
			REC	EIVED

MAR 1 5 1983

MCHENRY COMMYY DEPT. OF HEALTH

o, Proper	ty owner <u>Royan Act</u>		. Well Ito	- 2 3	
Addres	ss dale Union Bor Larvin Mee	Licens	No.	05 0051	. 15
	7.300.1		" /7 7	100	
2. Water	from Vol	13. Cou	nty T'cl	Chin	
at dep	th 1.00 to 101 ft.	Sec	16	ГТТ	T
4. Screen	: Diamin.	Twe	1.21		†
Length	h:ft. Slot	Rge	. <u>(T)</u>	- Firt	†
5. Casing	g and Liner Pipe	Elev	/. 	- 世土	1
Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LOCATION	• 1
Çu	Schedule (0) Plastic	O	124	SECTION	
	Plastic				
				1	
	or hours.			umping at_	
8.	r hours. FORMATIONS PASSED THRO		ТНІСІ	KHESS DEPT	H
8. Top 3	oil		THIC	KNESS DEPT	H
8. Top 3	r hours. FORMATIONS PASSED THRO		ТНІСІ	KNESS DEPT BOT	3
8. Top 3 Stand	oil	UGH	THIC	KNESS DEPT BOT	3
8. Top 3 Stand	oil Clay & Layers o	UGH	THIC	3 30 1.00 1.00	2 0
Top 3 Sand Oray	oil Clay & Layers o	UGH	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	кивая рарт 3 7 30	3
Top 3 Sand Oray	oil Clay & Layers o	UGH	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	кивая рарт 3 7 30	3
For 3 Sand Oray	oil Clay & Layers o	UGH	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	кивая рарт 3 7 30	2 0
8. Top 3 Stand Gray	oil Clay & Layers o	UGH	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	кивая рарт 3 7 30	2 0
Top 3 Sand Oray	oil Clay & Layers o	UGH	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	кивая рарт 3 7 30	2 0
Top 3 Sand Gray Graye	oil Clay & Layers o	î Cravel	150 150	кивая рарт 3 7 30	2 0







THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

1.	Type of Well	******			
	a. Bored	Hole Dia	min.	Depth	_ft
	Buried Slal	b: Yes N	0		
	b. Driven	Drive Pi	pe Diami	n. Dep	thft
	c. Drilled_L		ed in Drift		Rock/
		(KIND)	FROM (Ft.)	TO	(Ft.)
	d. Grout!	PRILL			5
		SLURRY	()	21	
		JAKEN!			
	Well furnishes			on? Yes_1	∠ No
	Date well dri				
4.	Permanent pum				No
		5-A- Ri-		Ту	pe_Sub_
	Location		***************************************		
	Capacity	gpm. Depth	of setting	160	ft.
5.	Well top seal	ed? Yes/_	No Type	<u>Lhillia</u>	M5
6.	Pitless adapt	er installed?	Yes No_		Control of the Contro
	Manufacturer_	Williams			B50ACV
	How attached	to casing?	Bilt Thr	en	
	Well disinfec				
8.	Pump and equi	pment disinfec	ted Yes_	No	
	2				
	32 * L				
	*** *		TANT NOTICE		
		ency is reques	1000		
		sary to accomp			
		r Public Act 8			
		s mandatory.		been approv	ed by
	the Forms Man	agement Center			

PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

	GEOLOGICAL A	AND WATE	R SURVEYS W	ELL RECORD		ě
9. Drill	- LARRY H	101100		icense No.	002.002	2
10. Well :	er LARRY K	+ 17	FAIR LN.	UNION	IL.	
11. Proper	rty Owner Mic	LAFL	Rizza	Well No		_
12. Permi	t No. F . 37	3.3	D	ate Issued	4-2-91	_
13. Locat			С	ounty_M	CHENRY	,
				ec. 26	ПП	
	* .			wp. 43N	X	
			R	ge <i>6E</i>	1-1-1	
	from Lines	HONE	at depth_	211 ft :		
	g <mark>and Liner Pipe</mark>				Show locati	
Diam.(in)	Kind and Weigh	t	From (ft)	To (ft)	in section	1
.5"	BL. Suel 15	5 cost	2	211		
	CAIDIE 1					
				1		
	l					
16. Scree	n: Diamin,	Lenath	in. Slot	Size	**	
	hole below casin				ft ms	1
	c level 45 ft be					
	d level. Pumping					S
	Materials Passe				Depth of	
			1	Тор	Bottom	
TAN	SANT 4	GORA	UEL	0	20	
	Stony C			20	95	
GIR	EY SAND	. WAT	ER	95	105	
			,	1-1-		
	Stower	(1AY		105	1211	
GIRE	1 Stony			105	211	*
GIRE 1/h.1	c iLine St	UNC	- 23C	2.11	235	
GIRE 1/h.1		UNC	- 23C			
GIRE 1/h.1	on separate sheet	UNC	- 23C	211		





GEOLOGICAL AND WATER SURVEYS WELL RECORD

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

1. Type o	WATT		•		* **	
a. Bor		Hole Diam	5 in	Denth	10 ft	
. 3.97	led Slab:		(Artis)	Jepen	· ` .	
b. Dri	4:	Drive Pip		in.	Depth_	ft
c. Dri			d in Drift_	X	In Rock	
		ND)	FROM (Ft.	5	TO (Ft.	
d. Gro	it: KIYI	LOVIS	0		10-5	
		141/1		 	<u>u</u>	
				 		
9.3				}		
. Well fu	rnishes wat	ter for hum	an consumpti	on? Y	es_X_	No
	ell drilled			1		
			es X Date	21121	192	No
	cturer_1		4			(refin
	on_11 \ U	3011				
Capaci	tv 10	gpm. Depth	of setting_		30	ft.
. Well to	op sealed?	Yes X	No Typ	e WII	iam	sta
Pitlac	e adaptor to	netallod?	Vac Y No	3		
Manufa	cturer	Willi	ريس المحالية	Model	No. 135	SAC
How at	tached to ca	asing?	NKDI	it		
. Well d	isinfected?	Yes	No			4
. Pump a	nd equipment	t disinfect	ed Yes X	No		
X.						
, ac						
100	M. P.	IMPORT	ANT NOTICE	•		
This	tate Agency	is request	ina disclosi	re of in	formatio	n

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosiure of this information is mandatory. This form has been approved by the Forms Management Center.

PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

9. Drille	er May VID R. N	ICC L	icense No.W	7.00
10. Well :	Site Address (103 f)	recuth	d. Uni	00
11. Proper	rty Owner TRION KIS K	wcrs.	_ Well No.	
12. Permi	t No. F4843	D	ate Issued	7122 161
13. Locat		C	ounty MC	HCDYU
		S	ec. 2	7512
		and the second second	w.43N	
		R	ge. LOE	
14 Unham	Cravel	- 4 - 4 - 4 - 4 - 4	5	100
	from OIAV() g and Liner Pipe	at depthto	7/	Show locat
	Kind and Weight	From (ft)	11	
5	Pastic Pipe	1,00	105	plat
	ricon rips		W.	
	Schedule 40			1 1 3 4
	At the state of th			
	(12:			
	A			
16 Caras	n: Diam. 5 in, Length	Dia 5104	s - 70	
17 Size	hole below casing 5 in	19 Gran	ad Flay	ft me
19. Stati	c level Oft below casi	ng too whic	hie I fi	above
ground	d level Pumping level	Et. pump	ing gom for	hour
	Materials Passed Through			Depth of
				Bottom
				^
10P.	2011		0	3
610			1 2	
ra			12	<u> </u>
Top:	361:		45	10
- 010	· vCı		100	
	Å:			
L			1	<u> </u>
Continue (on separat e sheet if nec	essary.		

Signed Marin R Mice Date 1/30/92





THIS FORM MUST BE COMPLETED WITHIN 30 DAYS OF WELL COMPLETION AND SENT TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761

1. Type of Well	
a. Bored Hole Diamin. Depthft	
Buried Slab: Yes No	
b. Driven Drive Pipe Diamin Depth	_ft
c. Drilled Finished in Drift In Rock	
(RIND) FROM (Ft.) TO (Ft.)	7
d. Grout: DRILL	
SLORRY III C	
CAPLE Tech	-
2. Well furnishes water for human consumption? Yes V	No
3. Date well drilled 2-7-92	
4. Permanent pump installed? Yes <u>V</u> Date <u>スーレー・イス</u>	No
Manufacturer DEL TA Type S	ube
Location IN WCLL	
Capacity 12 gpm. Depth of setting 60'	ft
5. Well top sealed? Yes V No Type Williams	
6. Pitless adapter installed? Yes No	
Manufacturer WILLIAMS Model No. 850	ACU
How attached to casing? Bolt THREW	
7. Well*disinfected? Yes_/ No	¥
8. Pump and equipment disinfected Yes_\(\bullet\) No	
IMPORTANT NOTICE	
This State Agency is requesting disclosure of information	
that is necessary to accomplish the statutory purpose as	
that is hecessary to accomplish the statutory purpose as	

information is mandatory. This form has been approved by the Forms Management Center.

> PRESS FIRMLY WITH BLACK PEN OR TYPE Do Not Use Felt Pen

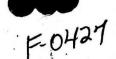
	GEOLOGICAL AND WATE	ER SURVEYS WI	LL RECORD		
9 Nei11	er LARRY KELLE	R	cense No	0912-0072	
	Site Address 10110 5				
11. Prope	rty Owner RichART	Libby	Well No	and the land	
12. Permi	t No. F-2937	D	te Issued	10-28-9	
13. Locat				HENRY	
			c. 26		
			p. 43N		
		R	ge. LE		
			,	1 . 1 . 1	
14. Water	from SAJD	at depth_	91 ft		
	g and Liner Pipe	to_	ft	Show locatio	
Diam.(in)	Kind and Weight	From (ft)	To (ft)	Show location	
				plat	
5	15.00 LL Swel	0	191		
	10: 20 31-1	<u> </u>		<u>aı</u>	
	*		1		
	N. C.				
16 6			11		
17 Sizo	n: Diamin, Length_ hole below casingi	1n, Slot	0128	ft mel	
19 Stati	c level 26 ft below cast	ing too which	ie f fi	ahove	
aroun	d level. Pumping level	32 ft. numo	ind gom for	12 hours	
20. Earth	Materials Passed Through	gh	I Depth of	Depth of	
		•		Bottom	
			1		
TOR	Soil		0	5	
			1		
5/10	L & GRAVEL		5	12	
1220					
I C. I.C.	(1 A C.		1 12	a	
	WN CLAY. S+	uney	12	96	
	WN CLAY SA WATE	UNEY ER I ED NO+ CLEA	12	105	
Circ :	WN CLAY ST	UNEY ER ID NO+ CLEA	12 46 105	105	
TA	JSAND		12 , 96 105 185	105	
TA	CLAY SAND on separate sheet if necessity		12 96 105 185	105	
TA	on separate sheet if nec		12 96 105 185	105	
TA	JSAND		12 96 105 185	105	

Joliet, IL 60433



University Park, IL 60466

Well Construction Report



THIS FORM MUST BE COMPLETED WITHIN 30 DAYS

Your application must be submitt well is to be located. See list	ed to the appropriate office de ing below.	pending on which township the
Will County Health Dept.	Will County Health Dept.	Will County Health Dept.
Environmental Health	Environmental Health	Environmental Health
501 Ella Avenue	342 N. Independence	800 University Park

Romeoville, IL 60441

(815) 727-8840 (815) 886-1550 (815) 727-8803 (312) 739-7971 (312) 534-0800 Townships Townships Townships Channahon New Lenox **Bolingbrook** Crete Custer Reed DuPage Frankfort Florence Troy Homer Green Garden Jackson Wesley Lockport Honee Joliet Wilmington Plainfield Peotone Manhattan Wilton Wheat land Washington W111

Type of Well			
a. Bored	Hole Di	amin. De	epthft
Buried Sla	b: Yes	No	
b. Driven	Drive P	ipe Diamin.	Depthft
c. Drilled_v	,	hed in Drift	In Rock
r	(KIND)	FROM (Ft.)	TO (Ft.)
d. Grout:			
Norte			
Marini.			
Marini L			L
Well furnished	water for h	uman consumption?	Yes No
Date well dri	11ed 10-30	-70	
Permanent pum	p installed?	Yes / Date /	-3/-90 No.
Manufacturer	Delta		Type Suice 1
Location			
		h of setting	000 ft.
		No Type/	
		Yes No	it, it is the time
		Mo	del No
How attached	to caring?	· · · · · · · · ·	
			Tr. Wild
	ted? Yes		
rump and equi	pment disinte	ected Yes No	

	GEOLOGICAL AND WA	1		**
9. Drille	Transmit	11/200 L	icense No.	12 - CC 20 70
10. Well 5	Site Address	1 1.1. ile	ien 1 /	
11. Proper	rty Owner Biling	i'd a	Well No	
12. Permi	t No.	0	ate Issued	11 -
13. A. T.			201	c Henry
	ocation:	s	ec.	1111
		T	wp. 43,	
		R	ge. 1.	
				
14. Water		at depth_		Show locati
	g and Liner Pipe Kind and Weight	From (ft)	ft (ft)	in section
U1 a.m. (1n)	Kind and Weight			plat
2. /-	Black Steel	7' Mose	160	prac
		Crade		
				,
16. Scree	n: Diamin, Length	in, S1ot	Size	*
	hole below casing 5			ft ms
	c level 20 ft below ca			
groun	d level. Pumping level	ft. pump		
20. Earth	Materials Passed Thro	ough	Depth of	Depth of
			Тор	Bottom
Cha			0	23
1/	-Cenel		23	50
Cha			50	160
1 1 1	utini		160	220
1 1.15	GIUM		100	120
Continua	on congrate cheet if	MACARRATY		

8/89

è

Il Pept. of Public Health Yellow Copy: Well Contractor Golden Copy: Well Owner





Well Construction Report

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

	a. Bored	_ Hole Diam	. 5 in. De	pth160 ft
1		b: Yes No		
	b. Driven_**	Drive Pip		Depthft
(c. Drilled)	K Finishe	d in Drift	In Rock_X
		(KIND)	FROM (Ft.)	TO (Ft.)
* .	d. Grout:	Cuttings	0	110
			4 - 44	
2	. Well furnishe	s water for hum	nan consumption?	Yes_XNo
4	. Permanent our	no installed? Y	es X Daté 9	/27/91 No
	Manufacturer	Delta		TypeSubm
	Location	in well	8	
	Capacity 15	gpm. Depth	of setting	<u>60</u> ft
5	. Well, top sea	ed? Yes X	No Type	Williams Ca
6	. Pitless adap	ter installed? Williams	Yes_X_ No	del No. B50AC
¥ .	How attached	to casing?	Locknut	
7	. Well disinfe	cted? Yes_X	No	
8	. Pump and equ	ipment disinfect	ted Yes <u>X</u> No	
	አ		TANT NOTICE	an w mi
	This State A	gency is request	ting disclosure of	finformation

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosiure of this information is mandatory. This form has been approved by the Forms Management Center.

PRESS FIRMLY WITH BLACK PEN OR TYPE , Do Not Use Felt Pen

GEOLOGICAL AND WATER SURVEYS WELL RECORD

	No. F2789	ychowski	ate Issued	9/
13. Locati	ion:		ounty MC	nen
		1	wp.43N	
		F	ge. 6E	
	a limostono		110 -	
	from Limestone g and Liner Pipe	at depth_	160 ft	
	Kind and Weight		To (ft)	
5	Schedule 40 Plastic	0	89	
5	Black Steel	. 89	110	1
	To per jus			

20. Earth Materials Passed Through	Depth of Top	Depth of Bottom
Top soil	0	2
Clay	Z	10
Gravel	10	20
Clay	20	, 110
Shale & Imestone	110	160

19. Static level 20 ft below casing top which is 1 ft. above

Continue on separate sheet if necessary.

Signed	maron	R	7	Tono	Date	10/	3/91	
AND THE STATE OF T						AND DESCRIPTION OF STREET		



111111



Well Construction Report

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

		SPRINGFIEL	.U, ILLINUIS 62/61	
•	Type of Wel	11		
•	a. Bored	Hole Di	am. 5 in. De	epth <u>200</u> ft
	Buried S	Slab: Yes	No	
	b. Driven_	Drive P	ipe Diamin.	Depthft
	c. Drilled_	X Finis	hed in Drift	In Rock
		(KIND)	FROM (Ft.).	TO (Ft.)
	d. Grout:	Cultinas	0	210
	4.			
	And the second			
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2.	Well furnis	hes water for h	uman consumption?	Yes X No
3.	Date well d	drilled_014	190	
4.			Yes X Date 1	11210 NO_
	Manufacture	er_APYM	olor	Type SUOLY).
	Location	1100		
	Capacity _	15 gpm. Dept	h of setting -	ft.
5.			No Type_[9_	Ollians Car
		apter installed?		
		er Willia	YYY Mod	del No. BSOAC
		ed to casing?		
7.	· · · · · · · · · · · · · · · · · · ·	fected? Yes		
	A STATE OF THE PARTY OF THE PAR	quipment disinfe		

IMPORTANT NOTICE

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PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

	GEOLOGICAL AND WATE	R SURVEYS WI	ELL RECORD		
9. Drille	Maryin R. N	100 -L	icense No.	03-002	L
0. Well 5	site Address Fair la	M. Or	NOU :		
1. Proper	rty Owner TEX YAY ICL	Hoeft	Well No.	the stage	
2. Permi	No. 01'1105'1	D	ate Issued	TIVILIE	7
3. Locati	ion:	C	ounty MC	Henry	Ì
					C
		T	LEE		
		R	ge. LOE		_
A Water	from Linustone	at denth 2	λ10 ft	14	
5. Casing	g and Liner Pipe	to_		Show locati	0
Diam.(in)	Kind and Weight	From (ft)		in section	
5	Black steel	0	210	plat	
				-	
	15 16. RY F			•	
		•	F 1.	λi :	
		· · · · · · · · · · · · · · · · · · ·			
	n: Diamin, Length_				
	hole below casing <u>5</u> in c level <u>40</u> ft below casi				
ground	level. Pumping level	oft numb	ing com for	houre	
0. Earth	Materials Passed Through	th		Depth of	
		•	Тор	Bottom	
TOD	Soil		2	2	
•			-		
_Qa	LX		38	40	
Sa	nd and Gra	avel	20	60	
			150	210	
<u> </u>	uz		100		
Li	mistone		10	220	

Continue on separate sheet if necessary.

Signed Mann R 7 ... Date 6 26 90





THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

1.	Type of Wel	1 4-1- 04	am5_in. D	120m
				eptn_===rt
		lab: Yes	ipe Diamin.	Donah da
			hed in Drift	In Rock X
	C. Drilleo_		FROM (Ft.)	10 (Ft.)
	d. Grout:	Cuttings	0	110
*				
3.	Date well d	rilled 07/14	1/90	Yes_X No
4.	Permanent p	ump installed?	Yes _X_ Date	07/14/90 No
				Type Subm.
		in Well		
	Capacity	10 gpm. Dept	th of setting 4	<u>0</u> ft.
				illiams Cap
6.			Yes_X No	
	Manufacture	rWillia	ms Mo	del No. B5OAC
	How attache	d to casing?_I	ocknut	
7.	Well disinf	ected? Yes X	. No ·	•
8.	Pump and eq	uipment disinfe	cted Yes_X No	
	an according	•		
				. 41

IMPORTANT NOTICE

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PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

		Marvin	R Nice		102 0024
9. Drille	or	Director	Bood .	icense No.	
10. Well 5	Site Address_	Dunnam	Koad, [Jnion	
	rty Owner Ma		iller	Well No	00/05/06
	t No. 0170	52		Date Issued	03/05/90
13. Locat	ion:			County MC	Henry
				Sec. <u>5</u>	
				wp. 43N	
				Rge6E	
					
	fromLim		at depth_		
	g and Liner F			120_ft	Show location
	Kind and We	-	From (ft)		in section
5	BLack St	eel	0	110	plat
	15 Lbs.	per Ft.			
				-	
				· •	
17. Size I	n: Diami hole below ca c level_5ft d level. Pump	sing ^D _in : below casi	ng top which	und Elev	t. above
	Materials Pa				Depth of
				Тор	Bottom
TOp So	oi1			2	2
Clay				108	110
Limes	tone			10	120
Continue	o constate c	hanh 16 ann	******		

nk Copies: apt, of Public Health Yellow Copy: Well Contractor Golden Copy: Well Owner





THIS FORM MUST BE COMPLETED WITHIN 30 DAYS OF WELL COMPLETION AND SENT TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH 525 WEST JEFFERSON STREET SPRINGFIELD, ILLINOIS 62761

1	
11	Type of Well
	a. Bored Hole Diam. 5 in. Depth 180ft
	Buried Slab: Yes No
	b. Driven Drive Pipe Diamin. Depthft
	c. Drilled X Finished in Drift In Rock X
	(KIND) FROM (Ft.) TO (Ft.)
	d. Grout: Cuttings 0 174
	COTTUINS O 114
2	Well furnishes water for human consumption? Yes X No
 ર	Date well drilled 5 30 10
Δ.	Permanent pump installed? Yes Date No_X
7,	ManufacturerType
	4.57
	Location See Booth of salting
_	Capacity gpm. Depth of setting ft
	Well top sealed? Yes No_X Type
ь.	Pitless adapter installed? Yes No_X
	Manufacturer Model No
_	How attached to casing?
	Well disinfected? Yes X No
8.	Pump and equipment disinfected Yes No No
	IMPORTANT NOTICE
	This State Agency is requesting disclosure of information
	that is necessary to accomplish the statutory purpose as

outlined under Public Act 85-0863. Disclosiure of this information is mandatory. This form has been approved by the Forms Management Center.

> PRESS FIRMLY WITH BLACK PEN OR TYPE Do Not Use Felt Pen

G	EOL	OGICAL	AND	WATER	SURVEYS	WELL	RECORD

	GEOLOGICA	L AND WATE	R SURVEYS W	ELL RECORD		
9. Drill	er Marks	- Nice		icense No.	102-003	วิเ
10. Well 5	Site Address	Inver	GO Rd	Unic) () () () () () () () () () (1
11. Proper	rty Owner Na	11 Ban	WE Tru	Well No		_
12. Permi	t No. 01'191	LO	D	ate Issued	12/11/00	_
13. Locat	ion:	in the second	C	ounty (THEULD	-
				ec. 35 wp. 431		R
		1 2 28 32		wp. 43r		
		1 N°		ge. LV		
14. Water	from Line	MOR	at depth !	14_ft		
	g and Liner Pi				Show locati	
Diam.(in)	Kind and Wei		From (ft)		in section	1
<u> </u>	Black	اللال	0	1714	plat	
	151bs. I	tr Ft.	4	1.		
			•	A		
	1.7		<u> </u>	لسنبسا		
	n: Diamir					
	hole below cas					1.
19. Stati	c level_\Oft d level.~Pumpi	below cast	ing top which	n is	or Dove	
20. Earth	Materials Pas	sed Through	oh		f Depth of	
	1				Bottom	
			95 4	in in		
100	Soil			13	13	
<u>cla</u>				143	145	
Gra				13	158	,
	y-			1(0	174	1
	nestoni	0			1868	
Continue	on separate sh	eet if ned	essary.		47	
i	1n -				44.2	
Signed	7	~	1114	Office L	With A leading	
- 3		150,40	Profession of the Parket	1	The state of the state of	



Blue Copy - Well Owner





FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well a. Dug Bored Hole Diamin. Depthft. Curb material Buried Slab: YesNo
	b. Driven Drive Pipe Diamin. Depthft. c. Drilled Finished in Drift In Rock Tubular Gravel Packed
	d. Grout: (KIND) FROM (Ft.) TO (Ft.)
	Gutting 0 210
2.	Distance to Newest:
	Building 10 Ft. Seepage Tile Field
	Cess Pool Sewer (non Cast iron)
	Privy Sewer (Cast iron) Septic Tank Barnyard
	Septic Tank Barnyard Barnyard
	Leaching Pit Manure Pile
L	Well furnishes water for human consumption? YesNo
	Date well completed 10/00/00
).	Permanent Pump Installed? Yes Date
	Manufacturer 13 color Type 11 Location in rell
	Capacity 10 gpm. Depth of SettingFt. Well Top Sealed? Yes No Type 11 1 2 2 2 2
). '	Well Top Sealed? YesNoType
•	Pitless Adapter Installed? Yes No Model Number No Model Number
	Monutacturer Model Number
	How attached to casing? <u>Lockmut</u> : Well Disinfected? Yes No
	Pump and Equipment Disinfected? Yes No
۶.	Pump and Equipment Disinfected? YesNo
•	Location City
L.	Water Sample Submitted? YesNo
E	Water Sample Submitted? YesNoNONARKS:
	MAR 1 5 1983

MAR 15 1985

MCHENRY COUNTY
DEPT. OF HEALTH

Address 1001 0. Com Driller 100701 1. Permit No. 100701 2. Water from 1100 to 100 ft.	Licen Date 13. Cou	Inica se No.10 nty		
4. Screen: Diamin. Length:ft. Slot	Rge	v		
5. Casing and Liner Pipe Dism. (in.) Kind and Weight	From (Ft.)	To (Ft.)	」 」	SHOW
je ilhek gboek Ij lingar K	0	214		CATION I
5. Size Hole below casing:	asing top whi	ch is	1	1 /5
7. Static levelft. below c above ground level. Pumping gpm for hours. 3. FORMATIONS PASSED THR	easing top whi levelft	THIC	KNESS	DEPTH (
7. Static level 10 ft. below c above ground level. Pumping gpm for 1 hours. 8. FORMATIONS PASSED THE TOO SOLL	easing top whi levelft	THICE	ENESS	
7. Static levelft. below c above ground level. Pumping gpm for hours. 3. FORMATIONS PASSED THR	easing top whi levelft	THIC	KNESS	DEPTH BOTTO
7. Static level 10 ft. below c above ground level. Pumping gpm for 14 hours. 3. FORMATIONS PASSED THE TOO Soil	easing top whi levelft	THICE	KNESS	DEPTH BOTTO



White Copy — III. Dept. of Public Health Yellow Copy — Well Contractor Blue Copy - Well Owner

INSTRUCTIONS TO DAILLERS



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ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			
	a. Dug Bore			
				No
	b. Driven			
	c. Drilled X			In Rock
	THE SECRET LAND SECRET	. Gravel Pa	cked	
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
	Cu	ittings	0	120
				
	L			
2.	Distance to Neares	-		
	Building 10			ld
	Cess Pool		Control of the Contro	iron)
	Privy		The second secon	
	Septic Tank			
	Leaching Pit			
	Well furnishes water			s <u>*</u> No
4.	Date well complete	d	201	7.5./01-
5.	Permanent Pump In	stalled? Yes	Date 10/	15/3 No
	Manufacturer Red			
_	Capacity 10 gp	m. Depth of	Setting	Ft.
6.	Well Top Sealed?	Yes_X_No	Type _/11	Llams Cap
7.	Pitless Adapter In:			
	Manufacturer <u>Jil</u>			
_	How attached to ca	sing? LOC	knut	
	Well Disinfected?	the last the work of the last		
	Pump and Equipmen			
0.	Pressure Tank Size			
	Location Ba			
	Water Sample Subm	itted? Yes	No	CEIVED
RE	MARKS:		RE	CEIVE
				DEC 28 1981

MCHENRY COUNTY DEPT. OF HEALTH

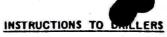
GEOLOGICAL AND WATER SURVEYS WELL RECORD

Driller 11. Permit 12. Water 14. Screen	No. 1 Union Mice No. 101680 Irom Limestone Formation th 121 to 172 ft. : Diamin.	Licens Licens Date 13. Cou Sec. Twp	se No.102 10/8/3 nty McU 5 5.14311 . 63	1
	and Liner Pipe Kind and Weight			SHO▼
Diam. (in.)	Black Steel	From (Ft.)	120	LOCATION I
	15 lbs per ft	 		
	17 100 001 10	<u> </u>		
7. Static above	ole below casing: 5 level 20 ft. below cas ground level. Pumping lev r 1 hours.	ing top whi		
7. Static above gpm fo	level <u>20</u> ft. below cas ground level. Pumping lev	ing top which		mping at 1()
7. Static above gpm fo	level <u>PO</u> ft. below cas ground level. Pumping lever <u>le</u> hours.	ing top which	. when pu	mping at 1()
7. Static above gpm fo	level <u>20</u> ft. below cas ground level. Pumping lever <u>1</u> hours. CORMATIONS PASSED THROU	ing top white the second secon	THICK	mping at 1() NESS DEPTH (BOTTO)
7. Static above gpm fo	level <u>20</u> ft. below cas ground level. Pumping lever <u>1</u> hours. CORMATIONS PASSED THROU	ing top white the second secon	THICK	mping at 1() NESS DEPTHOR BOTTO
7. Static above gpm fo	level 20 ft. below cas ground level. Pumping lev r _ l_ hours. FORMATIONS PASSED THROU fil lay c.ne u/ Shale	ing top white the second secon	THICK	mping at 10 NESS DEPTHORMS 0 100 150
7. Static above gpm for Son Son Gray C. I,iment	level 20 ft. below cas ground level. Pumping lev r _ l_ hours. FORMATIONS PASSED THROU fil lay c.ne u/ Shale	ing top white the second secon	тніск 3 116	mping at 10 NESS DEPTH BOTTO 100 100 150
7. Static above gpm for Son Son Gray C. I,iment	level 20 ft. below cas ground level. Pumping lev r _ l_ hours. FORMATIONS PASSED THROU fil lay c.ne u/ Shale	ing top white the second secon	тніск 3 116	mping at 10 NESS DEPTHON 100 100 150
7. Static above gpm for Son Son Gray C. I,iment	level 20 ft. below cas ground level. Pumping lev r _ l_ hours. FORMATIONS PASSED THROU fil lay c.ne u/ Shale	ing top white the second secon	тніск 3 116	mping at 10 NESS DEPTHON 100 100 150
7. Static above gpm for Son Son Gray C. I,iment	level 20 ft. below cas ground level. Pumping lev r _ l_ hours. FORMATIONS PASSED THROU fil lay c.ne u/ Shale	ing top white the second secon	тніск 3 116	mping at 10 NESS DEPTHON 100 100 150

IDPH 4.065 1/74 - KNB-1



White Copy —
III. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner



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DEC 3 0 1982

MCHENRY COUNTY DEPT. OF HEALTH

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	1.	Type of Well		٠.	
					. Depth <u>180</u> ft.
				uried Slab: Yes_	
		b. Driven	. Drive Pip	e Diamin.	Depthft.
		c. Drilled	Finished	in Drift	In Rock
			Gravel Pa	cked	
		d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
					لــــــا
	2.	Distance to Neo			
		Building	Ft.	Seepage Tile Fie	19 80,
		Cess Pool		Sewer (non Cast	iron)
		ATCHY, WARDSERVOK NEW 1299 RESULTED			
		Privy Septic Tank	5.5'	Distriction Country 14 Control of	
		Leaching Pit_		Manure Pile	
	3.				es_No
	4.		eted 9/1/2	12	
		Permonent Pumi	Installed? Ye	s V Date	No
		Manufacturer	Τv	pe Local	ion
					Ft.
	6.	Well Top Segled	? YesNo	Type	
				esNo	
					er
		How attached to	casing?	7	
	8.	Well Disinfected	i? Yes	No	
				ed? Yes	No
1	0.	Pressure Tank	Size gal.	Туре	
		Location		The state of the s	
1	l.	Water Sample Su	bmitted? Yes	No	0 0 10 4
	-	A E DUCO			
	*	Pump	INSTALL	ed by	another
		CONTY	PACTOR		

	A.	111				
10. Proper	ty owner #	FRONLI	NO	Well No		
Addres	1 10708 G	EAST C	ORAL	llni	ON	
Driller	R. Sne	Ten	Licens	e No.	92	-227
	No. 1042	05	Date _	1/2/	18:3	7
12. Water	from Line	osicne	≥ 13. Cou	nty _//Z	<u>. </u>	enry
at dep	th to	ft.	Sec.	10		
14. Screen	: Diam	in.		. 43N		
Length	:ft. Sl	ot	-	. <u>65</u>	-	
16 6 :	11. 5.		Elev	/	·	
	and Liner Pi				. —	
Diam. (in.)	Kind and		From (Ft.)	To (Ft.)		SHOW CATION IN
5	Stark	15#	0	124	BEC	TION PLAT
				'	}	
		31.37.48			1	
16. Size H	ole below cas	ing: 5	in.			
	level 90 ft			ch is		ft.
	ground level.					
gpm fo	r 3 hours		Market Const. School Sc	_		10.0.1.004.1.151.004.1.7.51.004.004
18.	FORMATIONS PA	SSED THROUG	эн	THIC	CHESS	DEPTH OF BOTTOM
bro	WN C	chay			9	20
(1)	/	7			2 /	70
	7	RAVel			24	1
> M N		- KAVEL			10_	700
	AVEL	* CLA	Y	10	0	120
SA	ND 4	GRAVE	2L	15	20	124
1	nesto	110-				141)
	V(- 3 1 B	10 0		/0	24	100
	V(C 3 1)	10 (/5	24_	762
	V(C 3 1 1			/5	24_	
	<i>u</i> = 3.1			/5	24_	
	<i>x</i> = 3.1			/6	24_	
	E ON SEPARA		NECESSAR		24_	700
		TE SHEET:IF	NECESSAR'	n)		20/82